



Post-Deployment Health Care in the Primary Care Setting

DoD/VA Post-Deployment Health Clinical Practice Guideline

9 Jul 07

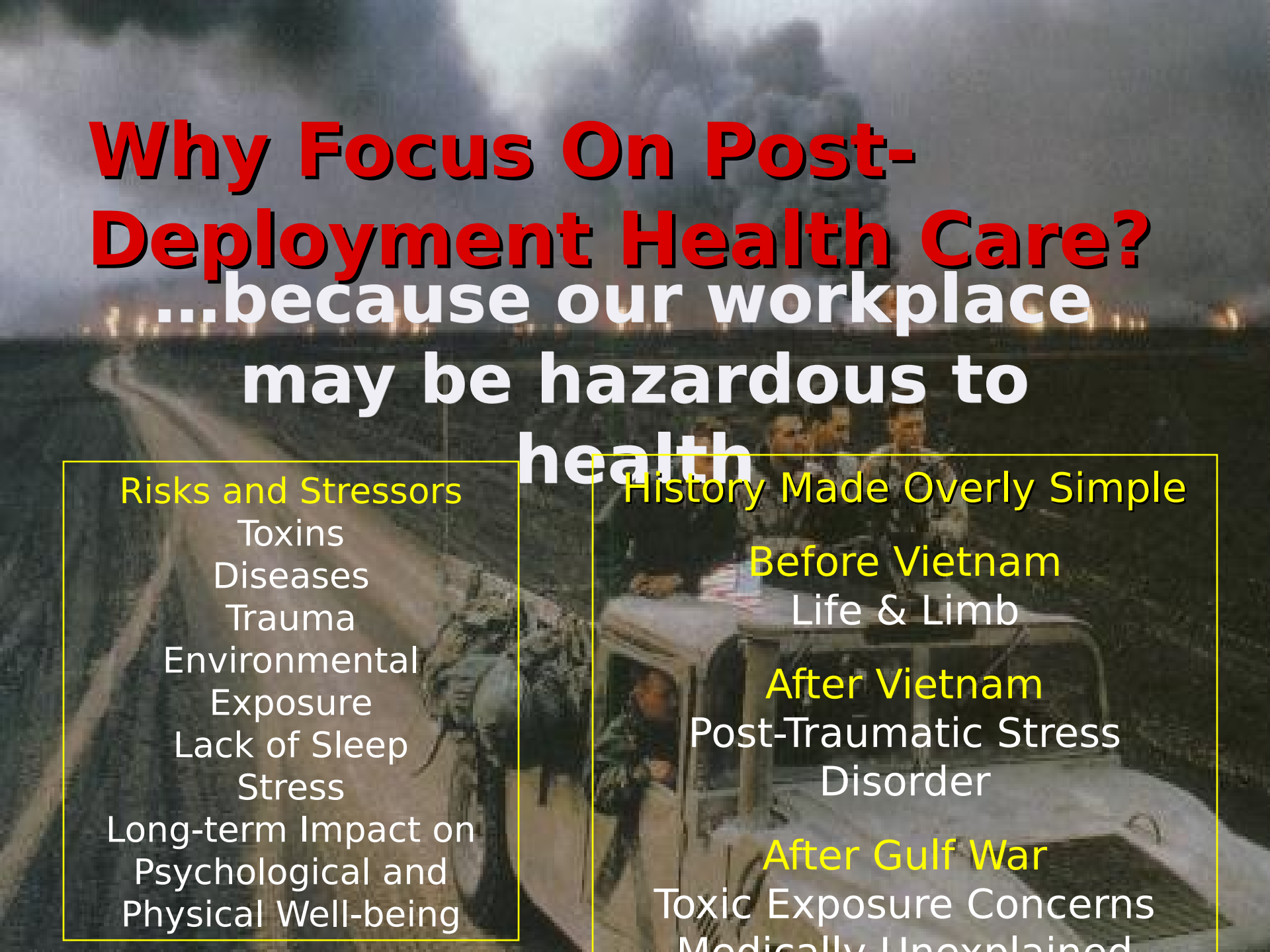
Presentation Objectives



- ♠ Describe the Post-Deployment Health Clinical Practice Guideline (PDH-CPG) and accompanying tools
- ♠ Identify changes and new developments to the PDH-CPG and its tools
- ♠ Describe the role of the DoD Deployment Health Clinical Center in PDH-CPG implementation

Learning Objectives

- ♠ Understand the pathways for identifying patients with deployment-related health concerns/conditions
- ♠ Know the importance of and be able to:
 - Administer the deployment-related screening question at all primary care visits
 - Ensure appropriate evaluation and follow-up of all patients with deployment-related health concerns
 - Properly code all deployment-related visits
- ♠ Be familiar with the resources available to assist in implementing the PDH-CPG



Why Focus On Post-Deployment Health Care? ...because our workplace may be hazardous to health

Risks and Stressors

- Toxins
- Diseases
- Trauma
- Environmental Exposure
- Lack of Sleep
- Stress
- Long-term Impact on Psychological and Physical Well-being

History Made Overly Simple

Before Vietnam

Life & Limb

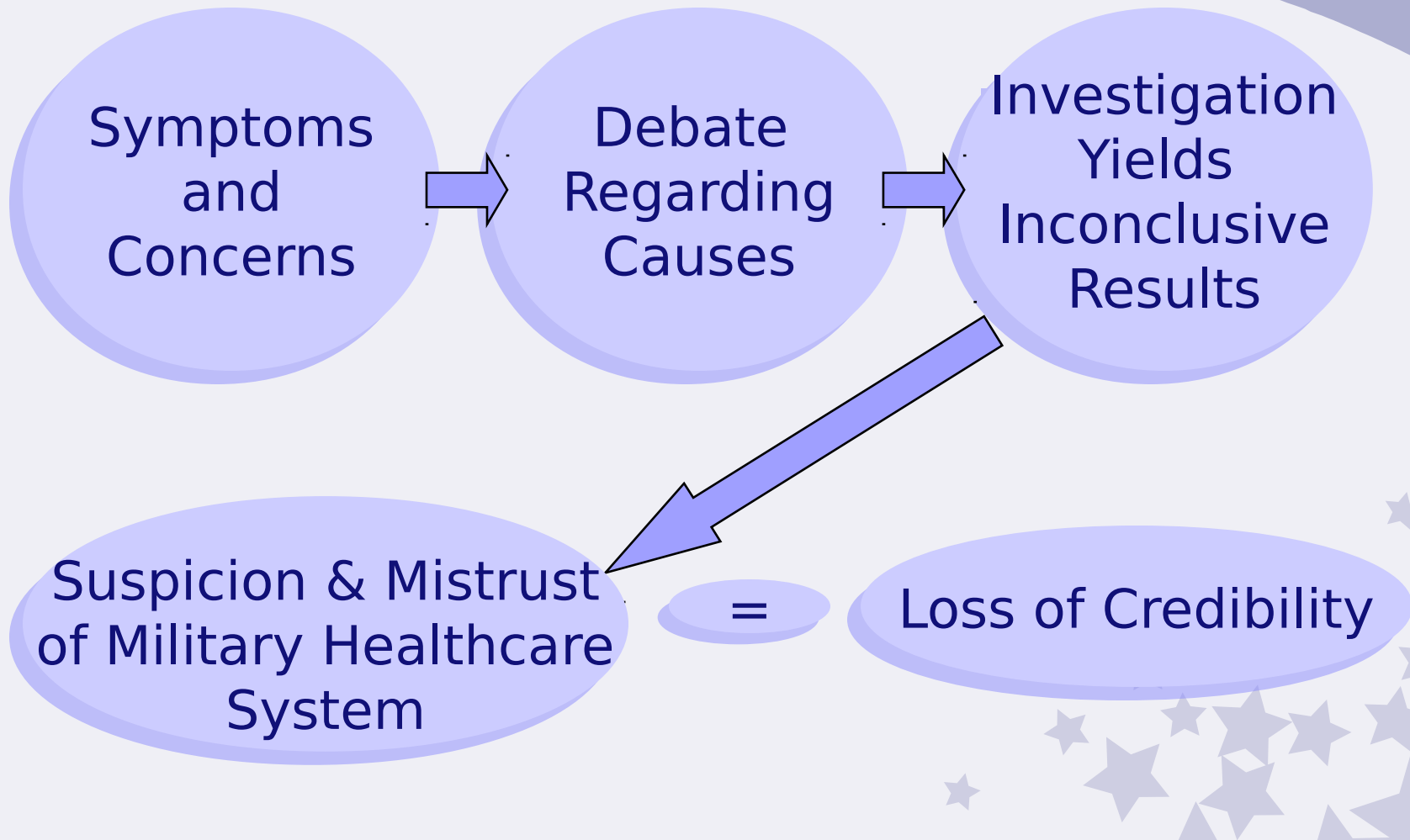
After Vietnam

Post-Traumatic Stress Disorder

After Gulf War

Toxic Exposure Concerns
Medically Unexplained

Common Elements to Some Post-Deployment Health Concerns



DoD Post-Deployment Health Programs Timeline



Gulf War Post-Deployment Health Program



- ♠ Comprehensive Clinical Evaluation Program (CCEP)
 - Initiated in June 1994
 - Standardized, staged evaluation and treatment program to assess possible Gulf War-related conditions
 - Based on VA Persian Gulf War Health Examination Registry
 - Focused on specialty care
- ♠ Institute of Medicine (IOM) Recommendations for Improvement
 - Focus evaluations and care at the **primary care** level to
 - Enhance **continuity of care**
 - Foster establishment of **ongoing therapeutic relationship**
 - Use an evidence-based approach to develop **clinical practice guidelines** for deployment-related health concerns

Response to IOM Evaluation of CCEP → PDH-CPG



DoD/VA Post-Deployment Health Clinical Practice Guideline (PDH-CPG)

**Provides for
Evaluation and
Treatment of
Deployment-Related
Health Concerns**

**Acknowledges Occupational
Hazards Related to Deployments**

**Primary Care
Setting**

**Increases
Healthcare
Provider
Awareness of
Health Effects
of Deployment**

**Makes Services for Deployment-
Related Concerns Available to
Beneficiaries**

DoD Post-Deployment Health Programs



	CCEP 1994-2001	PDH-CPG 2002-Present
Target Population	Gulf War veterans	Active duty, retired, family members All deployments
Source of Care	Specialty Care Clinics	Primary Care Clinic
Type of Care	Exhaustive medical evaluations	Clinical practice guideline with focus on primary care
Tracking	Registry	Coding

VA/DoD Clinical Practice Guidelines



- ♠ DoD and VA collaborating on CPGs since 1988
 - Adapting internationally recognized, evidence-based CPGs for military and veterans healthcare systems
 - CPGs chosen based on readiness needs of military and high-volume, high cost conditions
- ♠ Developed by multi-disciplinary representatives from DoD, Army, Navy, Air Force, and Veterans Health Administration
- ♠ CPGs include supporting material and metrics
- ♠ 24 CPGs as of January 2007

Clinical Practice Guideline for Post-Deployment Health



- ♠ DoD/VA **P**ost-**D**eployment **H**ealth Evaluation and Management **C**linical **P**ractice **G**uideline (PDH-CPG)
 - Evidence-based guideline for the evaluation and management of patients with deployment-related health concerns/conditions in the primary care setting
 - Completed by an expert multi-disciplinary, multi-agency panel
 - Replaced Comprehensive Clinical Evaluation Program (CCEP)
 - Initiated with a worldwide satellite broadcast January 2002 and distribution of Tool Kits to all MTFs
 - No change since 2002 except new Toolboxes distributed to MTFs starting in July 2004 and coding guidance modified

PDH-CPG Use Mandated by Health Affairs - April 2002



THE ASSISTANT SECRETARY OF DEFENSE

1200 DEFENSE PENTAGON
WASHINGTON, DC 20301-1200

APR 2 2002

HEALTH AFFAIRS

MEMORANDUM FOR ASSISTANT SECRETARY OF THE ARMY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE NAVY (MANPOWER AND
RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE AIR FORCE (MANPOWER
AND RESERVE AFFAIRS)

SUBJECT: Policy Memorandum -- Implementation of the Post-Deployment Health Clinical
Practice Guideline

“All DoD military treatment facilities should now be using the Post-Deployment Health Clinical Practice Guideline ...the military unique vital sign question ‘*Is the reason for your visit today related to a deployment?*’ should be asked of every patient...providers will review and employ, as needed, this guideline during their evaluations...”

DoD Deployment Health Centers of Excellence



- ♠ **Deployment Health Clinical Center**
at Walter Reed Army Medical Center in Washington, DC
 - *Proponent for PDH-CPG*
- ♠ **Deployment Health Research Center**
at Naval Health Research Center in San Diego, CA
- ♠ **Deployment Health Surveillance Center**
at Army Center for Health Promotion & Preventive Medicine in Aberdeen, MD

Section 743 of the Strom Thurmond National Defense Authorization Act, 1999

National Science and Technology Council Presidential Review Directive 5

(PRD – Planning for the Health Preparedness for and Readjustment of the Military, Veterans, and their Families after Future Deployments)

Institute of Medicine, *Strategies to Protect the Health of Deployed U.S. Forces*, 2000

Who Is Responsible for CPG Policies/Dissemination?

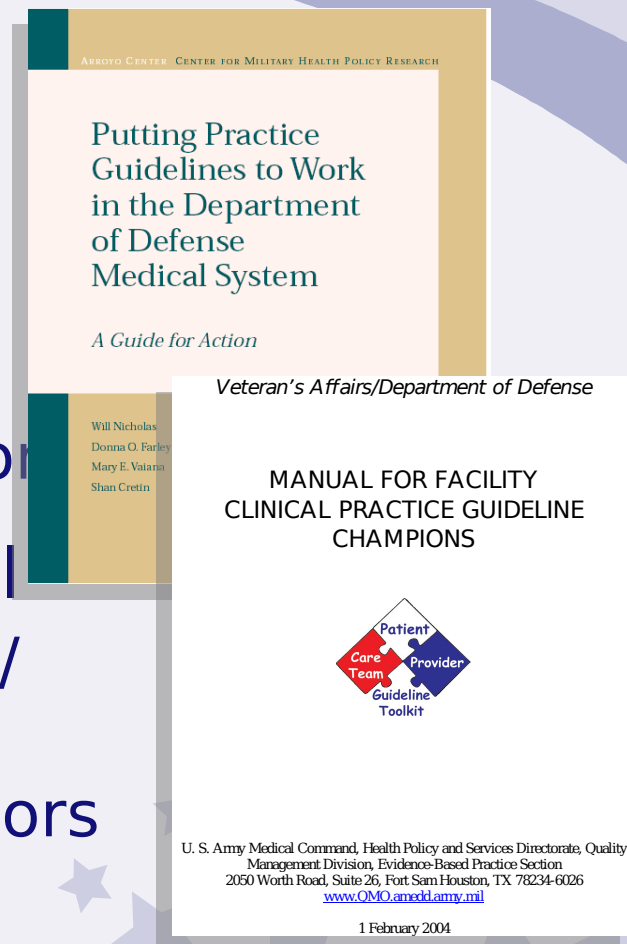


♠ Command Level

- Army – USA MEDCOM Quality Management Office (QMO)
- Air Force – AFMS Population Health Office
- Navy – BUMED Clinical Operations

♠ Medical Treatment Facility Level

- Army – Utilization Management/Quality Management
- Air Force – Health Care Integrators
- Navy – Determined locally

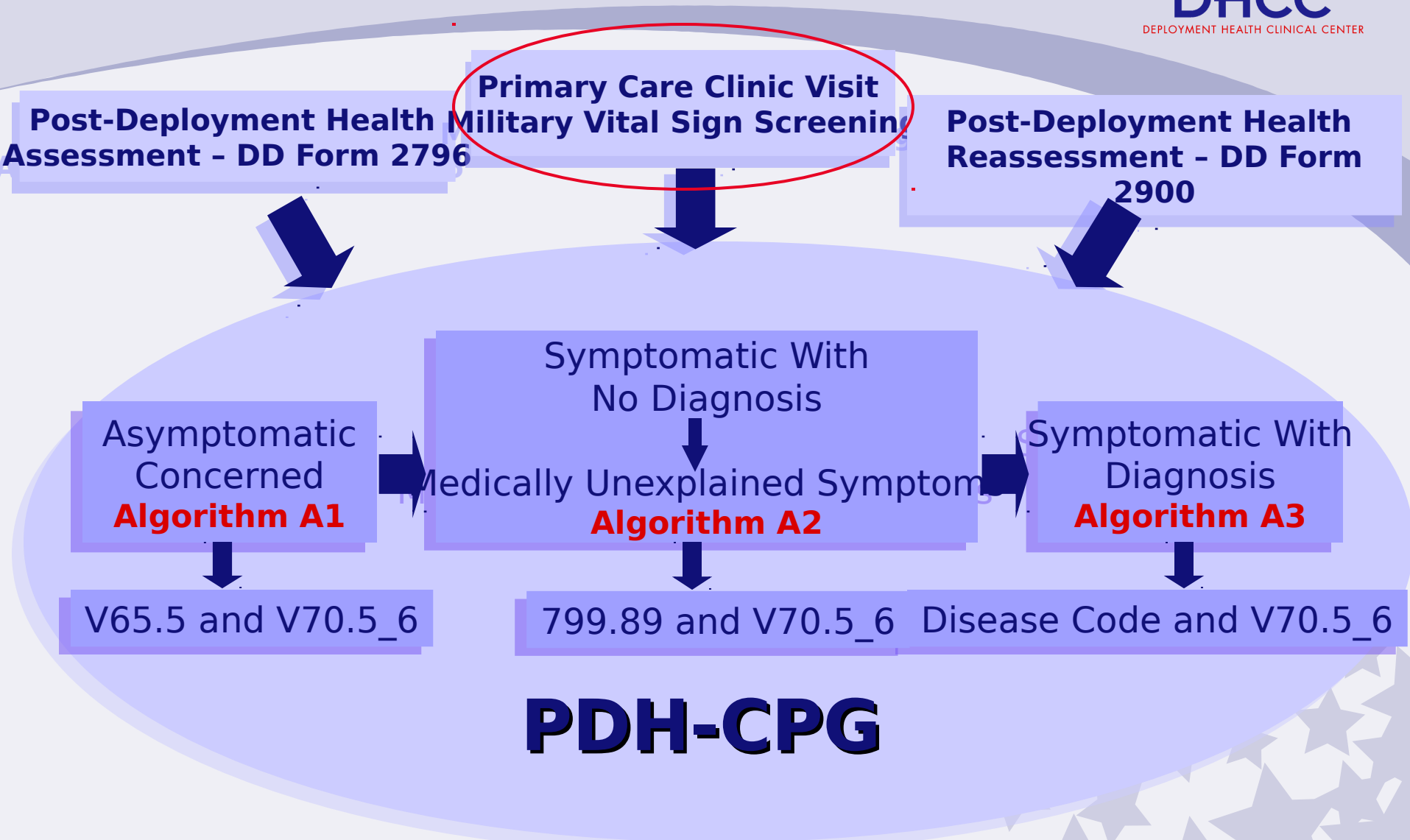


Key Features of PDH-CPG



- ♠ Military unique **vital sign** to identify deployment- related health concerns
- ♠ Clinically-based **risk communication**
- ♠ Use of an **algorithm-based stepped care** approach
- ♠ Emphasis on longitudinal **follow-up**
- ♠ Web-based **clinician support**
- ♠ Supporting **Center of Excellence**
- ♠ Metrics and outcomes **monitoring**

Overview of PDH-CPG



Deployment-Related Question = Military Unique Vital Sign



- ♠ All persons should be asked “***Is your health concern today related to a deployment?***” at every primary care visit except wellness visits (e.g. periodic exams and preventive care)
- ♠ **Patient** rather than provider **determination**
- ♠ Role of Medical Screener
 - Ask military unique vital sign question
 - Document response in AHLTA or on stamped/overprinted SF600
 - Alert provider to “***yes***” or “***maybe***” responses
- ♠ Percentage of positive responses = 2.8% AD vs 0.2% FM in NQMP study published Dec 04

Role of Medical Screener in PDH Screening Process



♠ Role of Medical Screener

- Asks military unique vital sign: *“Is your health concern today related to a deployment?”*
- Marks response on stamped or overprinted SF600
- Alerts provider to “yes” or “*maybe*” responses

♠ Training for Medical Screener

- How to ask the question
- How to answer patient questions
- How to document the answer

Training Screeners to Ask the Deployment-Related Question

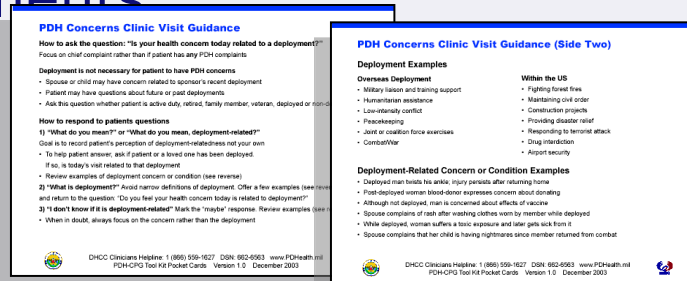


“Is your health concern today related to a deployment?”

- ♠ Ask all beneficiaries
 - Service Members
 - Spouses, Children and Parents
- ♠ Focus on the reason for today's visit
 - Not asking for all concerns about any deployment
- ♠ Deployments include overseas and CONUS assignments

When the patient asks “Why are you asking me this?”

- ♠ Explain
 - Deployments can affect the health of and raise concerns for service members and their families
 - Answering the question will help your provider answer your questions and meet your needs
 - This is important because there are resources that can help



PDH-CPG Toolbox
PDH Concerns Clinic Visit Card

PDH Screening Question Marketing Tools in 2002 Tool Kit



♠ To facilitate asking the Deployment-Related Question,
posters and wallet cards can be placed in
Primary Care Clinics



Wallet Card

DoD Deployment Health Card	
<i>Is your condition due to deployment?</i>	
You will be asked this question each time you come for a health concern no matter if you are active duty, retired, family member or veteran.	
We ask this question so we can recognize deployment-related health issues early and take steps to protect you and others who might have similar concerns.	
Tell your provider if your health issue seems related to a current or past deployment. If your provider doesn't ask you if your health issue is deployment-related, please remind him or her during your visit.	
Steps to Getting Deployment Related Help	
STEP 1	Call or visit your medical place of care for questions, concerns or symptoms you think may be related to a deployment.
Primary Care	
STEP 2	If you have concerns or symptoms, your regular primary care provider will provide an initial assessment and other assistance.
Referral	
STEP 3	If symptoms persist or your health does not improve, referral to another specialist may be necessary.



Poster

Available from the Army MEDCOM QMO Web site:
(In Shopping Cart under Post-Deployment Health
CPG Toolkit) <http://www.qmo.amedd.army.mil> ★

What Is Risk Communication?



- ♠ A science-based approach for communicating effectively in conditions of high concern, low trust and sensitive or controversial situations
- ♠ Helps to build rapport between patient and provider
- ♠ Improves patient:
 - Adherence to medical advice
 - Trust in healthcare system and satisfaction with care
 - Functioning and health behaviors
- ♠ Improves provider satisfaction with process of delivering care

Clinical Risk Communication

ENVITE

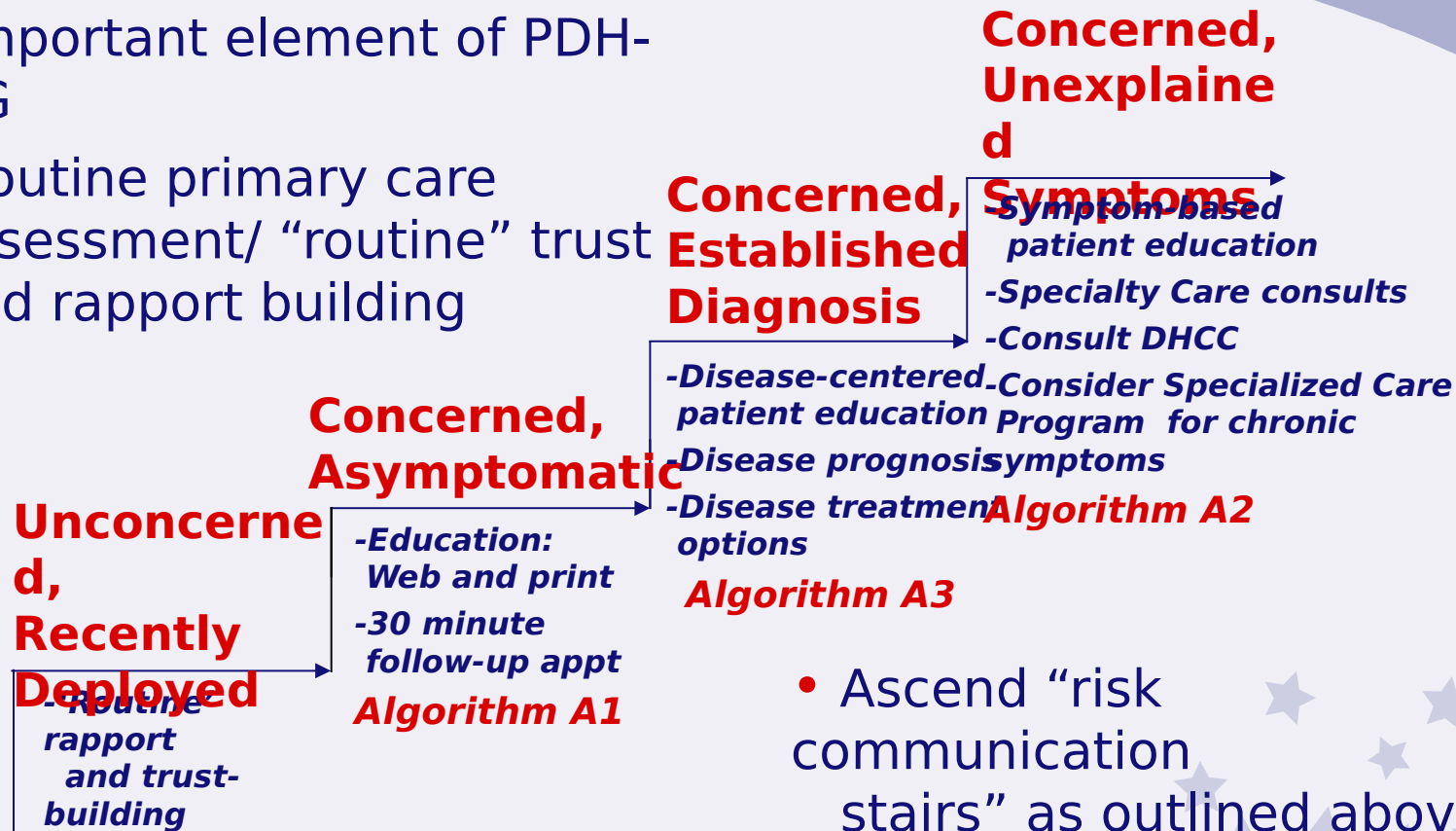


- E-mpathy:** Listen actively. Acknowledge patient's concerns. Express concern. Convey genuine desire to assist.
- N-on confrontational:** Avoid disapproving comments. Don't argue.
- V-alidate:** Validate the patient's decision to seek care
- I-nform:** Offer data that addresses patient's specific concerns presented in an understandable way.
- T-ake Action:** Describe options. Order appropriate tests/labs. Schedule a follow-up. Research concerns. Consider consultation or second opinion, as needed.
- E-nlist Cooperation:** Negotiate an action plan with the patient rather than imposing one.

Stepped Risk Communication Strategy



- Important element of PDH-CPG
- Routine primary care assessment/ “routine” trust and rapport building



- Ascend “risk communication stairs” as outlined above

PDH-CPG Process Overview

1st Visit (15 minutes)



- ♠ Identify any PDH concerns
- ♠ Initiate clinical evaluation
- ♠ Triage patient based on PDH-CPG algorithms
- ♠ Document post-deployment concern in chart and AHLTA or Ambulatory Data Module (ADM)
- ♠ Schedule 30 minute follow-up appointment

Asymptomatic
Concerned
Algorithm A1



Symptomatic With
No Diagnosis



Medically Unexplained Symptoms
Algorithm A2



Symptomatic With
Diagnosis
Algorithm A3

DD Form 2844 - Post Deployment Medical Assessment Form and

Primer

- ♠ Optional form
- ♠ Used in place of SF 600 for documenting post-deployment evaluation
- ♠ Form available and can be completed on line at www.PDHealth.mil



DD Form 2844

The image shows the DD Form 2844, titled "MEDICAL RECORD - POST DEPLOYMENT MEDICAL ASSESSMENT". It is a comprehensive form for documenting a patient's medical history and current status after deployment. The form is divided into several sections:

- Section I - Patient Information:** Includes fields for patient name, date of birth, sex, race, and service number.
- Section II - Medical History:** Contains a detailed medical history section with checkboxes for various conditions such as hypertension, diabetes, asthma, and mental health issues.
- Section III - Deployment Information:** Includes fields for deployment location, dates, and type of deployment.
- Section IV - Current Status:** Contains a section for the patient's current medical status, including a physical examination and a list of current medications.
- Section V - Provider Information:** Includes fields for the provider's name, title, and signature.

The form is designed to be completed by a healthcare provider and is used to document the patient's medical history and current status after deployment. It is a key component of the Post-Deployment Medical Assessment (PDMA) process.

DD Form 2844 Primer (Side Two)

Form Structure and Completion Roles and Responsibilities (Cont.)

- Section II—Medical History, Assessment, Diagnosis and Treatment (Items 20-29) health care provider or screener and comprises:
 - Part A—History of Present Illness
 - Part B—Directed Physical Exam
 - Part C—Diagnosis
 - Part D—Treatment Plan
 - Part E—Referral
 - Part F—Follow-up Appointment
- May include information from other completed questionnaires, for example:
 - PTSD Checklist (PCL)
 - Patient Health Questionnaire (PHQ)
 - Short Form 36 (SF-36)
 - Post-Deployment Health Clinical Assessment Tool (PD-CAT)

Form Processing

- The health care provider should facilitate appropriate referrals and follow-up based on response.
- Original DD 2844 form should be placed in the patient's permanent medical record.

Follow-up and Ongoing Care

- All military health system beneficiaries with health concerns they believe are deployment-related, regardless of time of identification, are encouraged to seek medical care.
- Patients should be asked, "Is your health concern today related to a deployment?"
- If the patient replies "yes," the provider should follow the Post-Deployment Health Clinical Assessment (PDHCP) available through the DHCC and www.PDHealth.mil.

DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil
PDHCP Tool Kit Pocket Cards Version 1.0 December 2003

DD Form 2844 Primer

DD Form 2844 Primer: Post-Deployment Medical Assessment

The *Post-Deployment Medical Assessment Form (DD 2844)* is a voluntary form used for patients presenting with post-deployment health care concerns in a primary care setting. The form facilitates outpatient treatment documentation by annotating key aspects in the assessment, management, and treatment of patients with deployment-related health concerns.

- DD 2844 may be used in lieu of SF 600 only for patients with deployment-related health concerns
- DD 2844 does not take the place of the DD 2796 (See DD 2796 Primer)
- DD 2844 use is determined by Service-specific and local clinic policy

Form Structure and Completion Roles and Responsibilities

- Section I—Patient Vital Signs (Items 1–13) is completed by the health care provider or screener and comprises vital signs, demographics, tobacco use, allergies, special work status, and duty title
- Section II—Patient Information (Items 14–19) is completed by the patient or health care provider or screener from patient responses and comprises patient symptoms, deployment history, concerns, medication and immunizations, additional demographics, and privacy statement and signatures

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PDHCP Tool Kit Pocket Cards Version 1.0 December 2003

DD 2844 Primer

Researching Deployment-Related Concerns



- ♠ Between 1st & 2nd visit – Research exposure/concern
- ♠ Often the patient initially knows more about deployment-specific exposures than the provider
- ♠ Identify known risks and potential hazards and exposures for the patient's deployment
- ♠ Consult www.PDHealth.mil

PDH-CPG Process Overview

Follow-Up Visits



♠ 2nd visit (30 minutes)

- Continue evaluation (review ancillary studies, consults and deployment exposure information)
- If possible, establish diagnosis and start therapy
- If not, order additional ancillary studies and consults as appropriate

♠ 3rd visit (30 minutes)

- Diagnosis established: monitor therapy
- Diagnosis not established: review additional testing and consultation results
- Continue with algorithm
- Consider consulting with DHCC

Ancillary Studies



- ♠ Selected ancillary studies should be performed based on clues derived from the history and physical examination
- ♠ Testing should be avoided purely for the basis of screening as these tests may
 - Have very low specificity
 - Result in false positive results
 - Cause unrealistic patient expectations

What Should Providers Do at Each Visit?



- ♠ Ask if there are unaddressed or unresolved concerns
- ♠ Summarize and explain all test results
- ♠ Schedule follow-up visits in a timely manner
- ♠ Offer to include the concerned family member or significant other in the follow-up visit
- ♠ Utilize other members of health care team to assist in patient education

Why is Follow-Up Important?



♠ Patient follow-up should be

- Planned
- Systematic
- Valued

♠ Reasons for follow-up

- Monitor patient progress
- Demonstrate provider commitment
- Opportunity to identify previously unidentified problems
- Track outcomes of care

Deployment-Related Visit Coding



♠ At **All Deployment-Related Visits**, at least **two** ICD* codes must be assigned and documented by the provider. (*International Classification of Diseases)

♠ **Deployment-Related Codes:**

- Pre-Deployment Related Encounter - V70.5_4
- Intra-Deployment Related Encounter - V70.5_5
- **Post-Deployment Related Encounter - V70.5_6**
- Pre-Deployment Assessment on DD 2795 - V70.5_D
- Initial Post-Deployment Assessment on DD 2796 - V70.5_E
- Post-Deployment Reassessment on DD2900 - V70.5_F

Unified Biostatistical Utility FY 2007 ICD-9 CM Update

Deployment-Related Visit Coding (continued)



♠ Code In Primary Position:

When documenting an exam, assessment, or screening encounter when the purpose of the encounter is specifically deployment-related.

♠ Code In Subsequent Position:

When documenting an encounter whose primary purpose was not specifically deployment-related, but deployment-related concerns were found that should be coded as additional diagnoses.

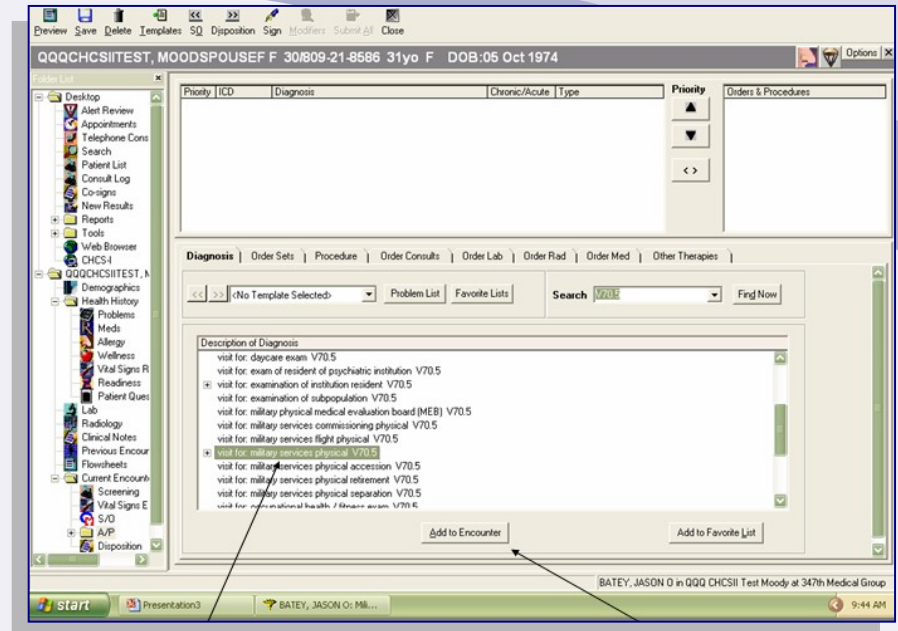
Type of Visit	Primary Diagnosis ICD Code	2 nd 3 rd 4 th Diagnosis ICD Code
Asymptomatic Concerned	V65.5	V70.5_6
Symptomatic	Disease-specific	V70.5_6
Medically Unexplained Symptoms	799.89	V70.5_6
P-D Exam Symptomatic	V70.5_6	Disease-specific
Asymptomatic PDHA DD Form 2795	V70.5_E	None

Post-Deployment Diagnosis Coding in AHLTA



♠ Coding V70.5_6

- In A/P Section, enter V70.5 into Search window
- Select the diagnosis entitled “visit for military services physical V70.5” and click the “Add to Encounter” button
- Select the DoD Specific Extender code “V70.5_6 Post-Deployment Examination
- Entry in record will state: “visit for: military services physical (*Post-Deployment Examination*)”



♠ Coding V65.5

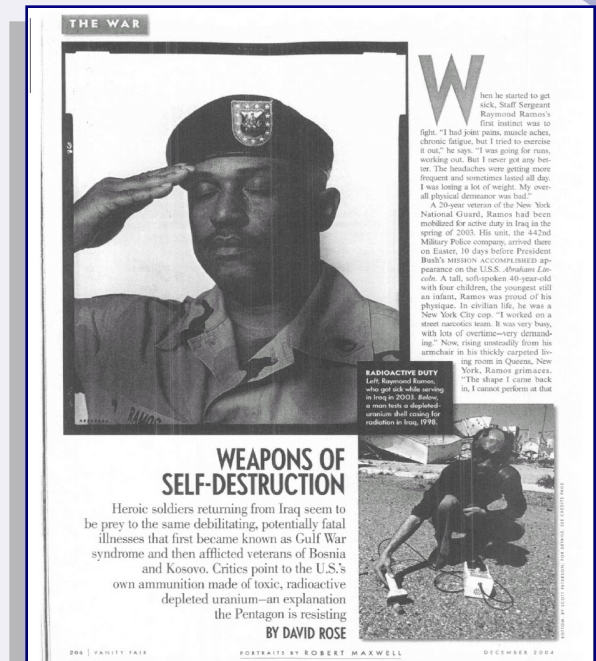
- Select “feared medical condition not demonstrated”

♠ Coding 799.89

- Select “ill-defined condition”

Asymptomatic Concerned *Example*

- ♠ 21 year old SGT Pierce Armor was deployed to OIF from June 2003 - March 2004
- ♠ No concerns noted on DD 2796
- ♠ Presents to PCM 6 weeks after re-deployment with concern about depleted uranium (DU) exposure. States he has no symptoms
- ♠ Read *Vanity Fair* article questioning DoD's truthfulness about DU exposure health risks



Vanity Fair Magazine

Asymptomatic Concerned

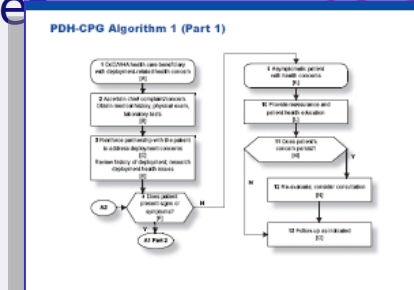
Algorithm A1 - Definition and Management

Definition

- ♠ Expresses a health concern, but does not exhibit or describe any discernable illness or injury
- ♠ Concerns may be related to
 - Illness
 - Vaccine or medication
 - Exposure or anticipated exposure
 - Personal experience
 - News media, Internet, etc.

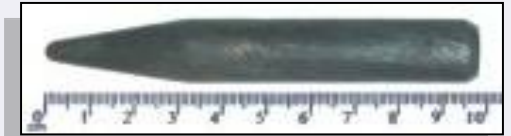
Management

- ♠ Use Algorithm A1
- ♠ Identify patient's health and exposure concerns
- ♠ Provide patient education
- ♠ Schedule a 30 minute follow-up visit. If concern persists re-evaluate
- ♠ Research the concerns. Consult www.PDHealth.mil
- ♠ Document in chart and code V65.5 and V70.5_6 in



Depleted Uranium

- ♠ Dense, slightly radioactive heavy metal produced as by-product of uranium enrichment process
- ♠ Used by US military in armor-piercing munitions and protective armor in certain Abrams tanks
- ♠ Health concerns predominately related to its chemical properties rather than its low radioactivity
- ♠ HA Policy 03-012, 30 May 03 and OTSG/MEDCOM Policy Memo 05-003, Medical Management of Army Personnel Exposed to Depleted Uranium, 4 Mar 05 and any with positive the VA DU Follow-up



- Risk Levels I-III
- 24-hour urine DU bioassay and DU

DHCC Depleted Uranium Resources



- ♠ Policies and Directives
- ♠ Clinical Guidance
- ♠ Forms and Measures
- ♠ Fact Sheets
- ♠ Other DU-Related Information
- ♠ Education and Training
- ♠ Research

Available on
www.PDHealth.mil

PDH-CPG Toolbox DU Card

Medically Unexplained Symptoms

Example

- ♠ 44 year old COL Abel Leader deployed to Mosul from November 2003 – May 2005
- ♠ No concerns noted on DD 2796
- ♠ Presents to PCM 4 months after re-deployment complaining of muscle aches, headaches, fatigue and decreased concentration
- ♠ This is a follow-up appointment after initial workup did not yield a diagnosis

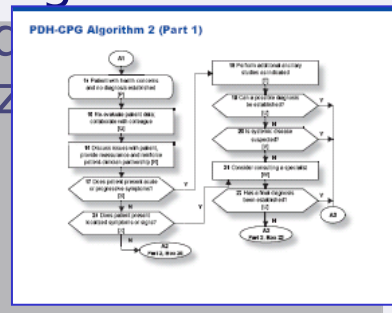


Medically Unexplained Symptoms Algorithm A2

Definition and Management



- ♠ Symptoms that remain unexplained after an appropriate medical assessment that includes focused diagnostic testing
- ♠ Highly recommended that >2 visits be completed before concluding that the patient has a medically unexplained injury



Management

- ♠ Refer to VA/DoD MUS-CPG
- ♠ Provide patient education
- ♠ Emphasize self-management strategies to improve functional status and quality of life
- ♠ Involve family or other support systems, when possible
- ♠ Consult with DHCC Clinicians Helpline
- ♠ Maintain regular follow-up to monitor changes in status
- ♠ Document in chart and code 799.89 and V70.5_6 in AHLTA/ADM

Medically Unexplained Symptoms Resources



VA/DoD MUS CPG

VA/DoD Clinical Practice Guideline Management of Medically Unexplained Symptoms (MUS): CHRONIC PAIN & FATIGUE



Guidelines

Medically Unexplained Symptoms

Background

Medically Unexplained Symptoms (MUS), Medically Unexplained Physical Symptoms (MUPS) or Unexplained Symptoms are the terms used to describe symptoms that remain unexplained after an appropriate medical assessment that includes focused diagnostic testing. Patients are often given multiple labels that lack a well-defined disease explanation. Usual clinical features include a relative lack of objective signs and a chronic symptom course often marked by exacerbations, remissions, and recurrences. Therefore, clinical management must be based largely upon patient report, rather than specific findings on clinical examination or diagnostic testing. A compassionate approach to patients with medically unexplained symptoms (MUS) is essential.



In the News

How Malaria Dupes Immune System

Research Advisory Committee on Gulf War Veterans' Illnesses

- Establish the medical record
- Obtain a thorough medical history, physical examination, and medical record review
- Minimize low yield diagnostic testing
- Identify treatable cause (conditions) for patient's symptoms
- Determine if patient can be classified as Chronic Multi-Symptom Illness (CMI) (i.e., has two or more symptom clusters: Pain, fatigue, cognitive dysfunction, or sleep disturbance)

A PATIENT WITH MEDICALLY UNEXPLAINED SYMPTOMS (MUS):

- Has unexplained symptoms after an appropriate assessment.
- May have been given one or more diagnoses that lack a well-defined disease explanation (e.g., idiopathic chronic fatigue, burning arm syndrome, diffuse pain syndrome, dysautonomia, hypoglycemia, multiple chemical sensitivities).

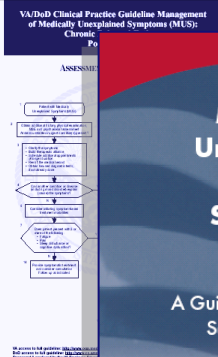
Definition for CFS (Chronic Fatigue Syndrome): Clinically evaluated, unexplained, persistent or relapsing fatigue that is of new or diffuse onset, is not the result of ongoing medical or psychiatric illness, and results in substantial reduction in previous levels of occupational, educational, social, or personal activities. Four or more of the following symptoms that persist or recur during six or more consecutive months of illness and do not produce the fatigue:

- Self-reported impairment in short-term memory or concentration
- Sleep disturbance
- Tender cervical or axillary nodes
- Musculoskeletal pain
- Multiple pain points without redness or swelling
- Headaches of new pattern or severity
- Unrefreshing sleep (i.e., waking up feeling unrefreshed)
- Short workweek (usually, working less than 35 hours)

Neurocognitive difficulties common in CFS/MUS:

- Impaired concentration
- Memory impairment
- Problems with concentration
- Sleep disturbances common in CFS
- Unrefreshing sleep that is characterized by:
 - Difficulty falling asleep
 - Frequent awakenings
 - Abnormal sleep architecture (e.g., apnoeas)
 - Sleep apnea if TSS present if sleep apnea treatment does not remedy fatigue

Symptom Attributes	Questions
Onset	<ul style="list-style-type: none"> • Has the symptom existed since birth or childhood? • Has the symptom existed since birth or childhood? • Has the symptom existed since birth or childhood? • Has the symptom existed since birth or childhood? • Has the symptom existed since birth or childhood?
Course	<ul style="list-style-type: none"> • Can the patient recall exactly how the symptom began? • Was there a trigger event (e.g., illness, stress, trauma, surgery, etc.)? • Has the symptom existed since birth or childhood? • Has the symptom existed since birth or childhood? • Has the symptom existed since birth or childhood?
Location	<ul style="list-style-type: none"> • Is the symptom localized or diffuse? • Can the patient recall exactly how the symptom began? • Was there a trigger event (e.g., illness, stress, trauma, surgery, etc.)? • Has the symptom existed since birth or childhood? • Has the symptom existed since birth or childhood? • Has the symptom existed since birth or childhood?
Frequency	<ul style="list-style-type: none"> • How often does the symptom occur? • Is the frequency of the symptom increasing or decreasing? • Has the symptom existed since birth or childhood? • Has the symptom existed since birth or childhood? • Has the symptom existed since birth or childhood?
Duration	<ul style="list-style-type: none"> • How long does the symptom last? • Is the duration of the symptom increasing or decreasing? • Has the symptom existed since birth or childhood? • Has the symptom existed since birth or childhood? • Has the symptom existed since birth or childhood?
Associated symptoms	<ul style="list-style-type: none"> • Are there any other symptoms that occur at the same time as the symptom? • Are there any other symptoms that occur at the same time as the symptom? • Are there any other symptoms that occur at the same time as the symptom? • Are there any other symptoms that occur at the same time as the symptom? • Are there any other symptoms that occur at the same time as the symptom?
Response to treatment	<ul style="list-style-type: none"> • Has the symptom responded to treatment? • Has the symptom responded to treatment? • Has the symptom responded to treatment? • Has the symptom responded to treatment? • Has the symptom responded to treatment?
Other medical, surgical and psychological history	<ul style="list-style-type: none"> • Has the patient had any other medical, surgical, or psychological conditions? • Has the patient had any other medical, surgical, or psychological conditions? • Has the patient had any other medical, surgical, or psychological conditions? • Has the patient had any other medical, surgical, or psychological conditions? • Has the patient had any other medical, surgical, or psychological conditions?
Pain description of symptoms	<ul style="list-style-type: none"> • Has the patient had any pain? • Has the patient had any pain? • Has the patient had any pain? • Has the patient had any pain? • Has the patient had any pain?



Medically Unexplained Physical Symptoms (MUPS)

A Guide for Re-Deploying Service Members



Brought to you by
Deployment Health
Clinical Center

PDH-CPG Toolbox MUS Cards

Deployment Health Clinical Center

Medically Unexplained Symptoms

Provider Helpline: 1-866-559-1627
www.PDHealth.mil

Improvement in Care for Patients with Medically Unexplained Symptoms (MUS)

COL Charles C. Engel, MD, MPH
Director, Deployment Health Clinical Center

COL Charles C. Engel, MD, MPH

2. Presentation Objectives

- 1. Comparison of Rates of Physical Symptoms in Veterans
- 2. Comparison of Rates of Physical Symptoms in Veterans
- 3. Comparison of Rates of Physical Symptoms in Veterans
- 4. Comparison of Rates of Physical Symptoms in Veterans
- 5. Comparison of Rates of Physical Symptoms in Veterans
- 6. Comparison of Rates of Physical Symptoms in Veterans

Medically Unexplained Symptoms

Medically Unexplained Symptoms (MUS) Guideline Key Elements

- Establish that the patient has MUS
- Obtain a thorough medical history, physical examination, and medical record review
- Minimize low yield diagnostic testing
- Identify treatable cause (conditions) for patient's symptoms
- Determine if patient can be classified as Chronic Multi-Symptom Illness (CMI) (i.e., has two or more symptom clusters: Pain, fatigue, cognitive dysfunction, or sleep disturbance)
- Negotiate treatment options and establish collaboration with patient
- Provide appropriate patient and family education
- Maximize the use of non-pharmacologic therapies:
 - Graded aerobic exercise with close monitoring
 - Cognitive behavioral therapy (CBT)
- Empower patient to take an active role in his/her treatment

BATHE Technique: Provides a time-efficient way to address the impact of patient's symptoms on his/her level of function

Background: "What's going on in your life?"

Affect: "How do you feel about it?"

Trouble: "What troubles you the most about the situation?"

Handle: "What helps you handle that?"

Empathy: "This is a tough situation to be in. Anybody would feel (down, stressed, etc.). Your reaction makes sense to me."

DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil
PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003

Available on www.PDHealth.mil

Medically Unexplained Symptoms

Follow-up Visits



- ♠ Negotiate treatment options and establish collaboration
- ♠ Provide patient education
- ♠ Maximize use of non-pharmacologic therapies
 - Graded Aerobic Exercise
 - Cognitive Behavioral Therapy
- ♠ Empower patient to take active role in treatment
- ♠ Consult/refer to DHCC Specialized Care Program



Available from the Army
MEDCOM QMO web site:
www.qmo.amedd.army.mil

Additional Assessment and Outcome Tools



- ♠ SF-36v2 - Health Survey
 - Short measure of health-related quality of life

SF-36v2™ Health Survey

This survey asks for your views about your health. This information will help you keep track of how you feel and how well you are able to do your usual activities. Answer every question by selecting the answer as indicated. If you are unsure about how to answer a question, please give the best answer you can.

1. In general, would you say your health is: [Click on the circle that best describes your answer.]

Excellent C Very Good C Good C Fair C Poor C

2. Compared to one year ago, how would you rate your health?

Much better now than one year ago C

- ♠ PHQ - Patient Health Questionnaire
 - Screens and monitors status of common health conditions

Patient Health Questionnaire™ (PHQ)

This questionnaire is an important part of providing you with the best health care possible. Your answers will help in understanding problems that you may have. Please answer every question to the best of your ability unless you are requested to skip over a question.

Name: _____ Age: _____ Sex: ☐ Male ☐ Female Today's Date: _____

1. During the last 4 weeks, how much have you been bothered by any of the following problems?

	Not bothered at all	Bothered a little	Bothered a lot
a. Stomach pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Back pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Pain in your arms, legs, or joints (knees, hips, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Menstrual cramps or other problems with your periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Pain or problems during sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Chest pain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Feeling your heart pound or race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Nausea, gas, or indigestion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Over the last 4 weeks, how often have you been bothered by any of the following problems?

	Not at all	A few days	More than a few days	Nearly every day
a. Little interest or pleasure in doing things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Feeling down, depressed, or hopeless	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Trouble falling or staying asleep, or sleeping too much	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Feeling tired or having little energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Poor appetite or overeating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feeling bad about yourself, or that you are not as good as you once were	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Trouble concentrating on things, such as reading the newspaper or watching television	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Moving or speaking so slowly that other people could have noticed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Thinking that you would be better off dead or of hurting yourself in some way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SF-36v2

PHQ

- ♠ PDCAT - Post Deployment Health Clinical Assessment Tool

Post Deployment Clinical Assessment Tool

For provider use only

☐ Intake ☐ 30d Fu ☐ 60d Fu

PRIVACY ACT STATEMENT - Post Deployment Clinical Assessment Tool

AUTHORITY: 5 U.S.C. 301; and Executive Order 13526

PRINCIPAL PURPOSE: The Post Deployment Clinical Assessment Tool (PDCAT) is being administered to assist in providing appropriate care for you and/or your family in relation to deployments, bio-terrorism, and other threats. This tool will also assist in planning to provide better care to our beneficiaries in the future. The PDCAT will be used by your health-care manager in coordination with your primary care manager to tailor optimum care for you.

ROUTINE USES: None

DISCLOSURE: Voluntary. Failure to respond will not result in any penalty. However, maximum participation is encouraged so that data will be complete and representative. Your PDCAT form will be treated as confidential.

I HAVE READ THE ABOVE AND UNDERSTAND THE INFORMATION.

Print Name: _____

Signature: _____

PRIVACY ACT STATEMENT

Date Completed: _____
year / month / day

Patient Identification

Version 7.0 20May03 1 PDCAT

PDCAT

- Measures certain aspects of physical and mental health

Forms and primers on www.PDHealth.mil

DHCC Clinical Care

Specialized Care Programs

(Tracks I and II)



♠ Intensive, **3-week, multidisciplinary, rehabilitative program** for patients with deployment-related chronic illness, Medically Unexplained Symptoms or Post-Operational Stress

♠ Available to **all military members and family members** continuing to have problems after going through PDH-CPG based care at local MTF and meeting admission criteria (e.g., ambulatory, capable of some exercise) (**Track II for military members only**)

- Physical conditioning
- Occupational therapy
- Relaxation training
- Behavioral and self-care strategies and treatment
- Patient education
- Cognitive-behavioral therapy
- Counseling
- Exposure therapy
- Nutritional counseling

Established Diagnosis

Example

- ♠ 34 year old MSGT Benina Trauma deployed to Iraq from February 2004 - June 2005
- ♠ No concerns noted on DD 2796
- ♠ Presents to PCM 12 weeks after re-deployment with
 - Insomnia, nightmares, exaggerated startle, anger outbursts, increased alcohol consumption, avoidance of others and depressed mood
 - Husband expresses concern over her behavior at home
 - Saw two buddies severely injured and one killed



Established Diagnosis

Algorithm 3 Definition and Management

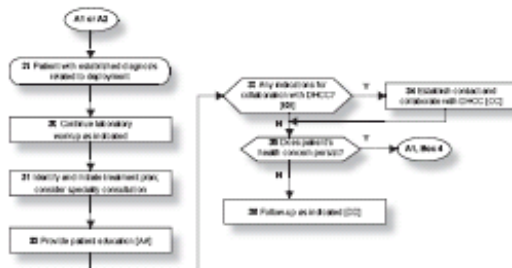
Definition

- ♠ Clinically defined injury or disease based on objective and reproducible clinical findings on examination, laboratory testing or medical

Management

- ♠ Evaluate patient and establish a diagnosis
- ♠ Manage per applicable disease-specific clinical practice guideline
- ♠ Consult Specialty Care as needed
- ♠ Provide patient information
- ♠ Document in chart and code ICD 9CM code of established diagnosis and V70.5_6 in AHLTA/ADM
- ♠ Follow-up to monitor status

PDH-CPG Algorithm 3



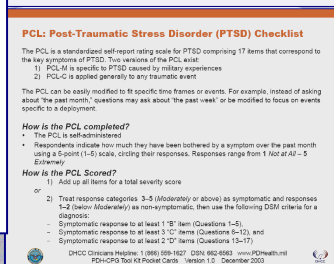
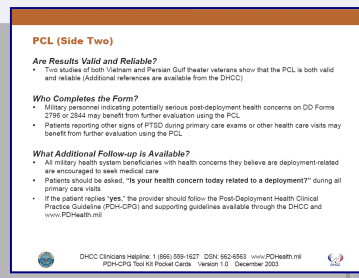
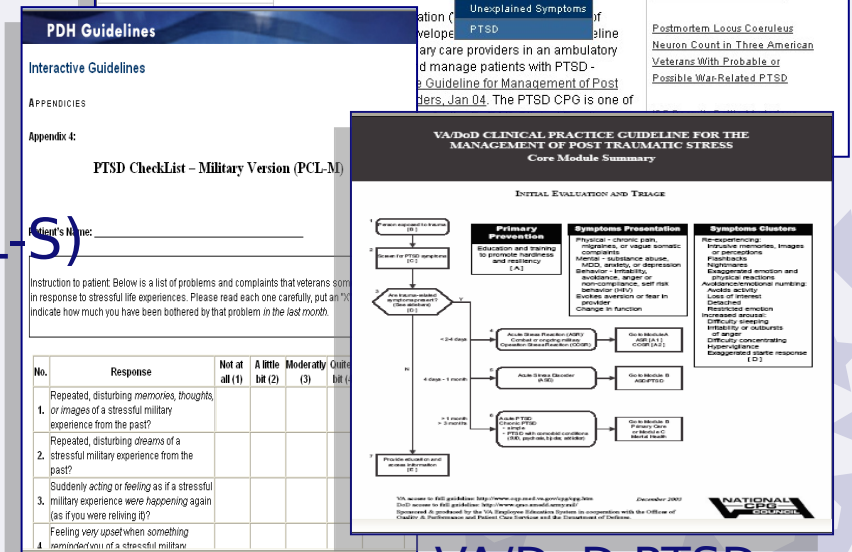
Post Traumatic Stress Disorder Checklists, Primer and CPG

Resources on www.PDHealth.mil



♠ Post Traumatic Stress Disorder Checklists (PCL)

- Assesses trauma-related distress
- Self-administered
- 3 Versions
 - Civilian Version (PCL-C)
 - Military Version (PCL-M)
 - Stress Specific Version (PCL-S)



PCL

PCL-M

VA/DoD PTSD CPG

Mental Health Resources for AD and RC/NG Prior to REFRAD



- ♠ MTF Mental Health/Behavioral Health/Life Skills
- ♠ Chaplains
 - Marital Counseling
- ♠ Support Programs
 - Army Community Services
 - Family Advocacy Programs
- ♠ Veterans Centers-206 nationwide
 - Readjustment Counseling Services (RCS)
- ♠ Military OneSource
 - Confidential counseling and community resources

The screenshot displays the DHCC website interface. On the left is a navigation menu with links such as Clinicians, Veterans, Family and Friends, Reserve Component, Deployment Cycle Support, PDH Guidelines, Emerging Health Concerns, News and Announcements, Library, Education and Training, Risk Communication, Research, War on Terrorism, Are You a New User?, About DHCC, Contact DHCC, Index & Site Map, Help and FAQs, and 508-Compliant Site. The main content area is titled 'Family and Friends' and includes a paragraph about supporting service members and their families. Below this is a section for 'Military Community Assistance Programs' featuring 'Military OneSource', which is described as a toll-free information and referral service. At the bottom, it lists '24/7 Toll Free Telephone Numbers' for the United States and outside the United States. On the right side of the page, there is a photo of a family and a section titled 'In the News' with several article links.

PDH-CPG Implementation Metrics



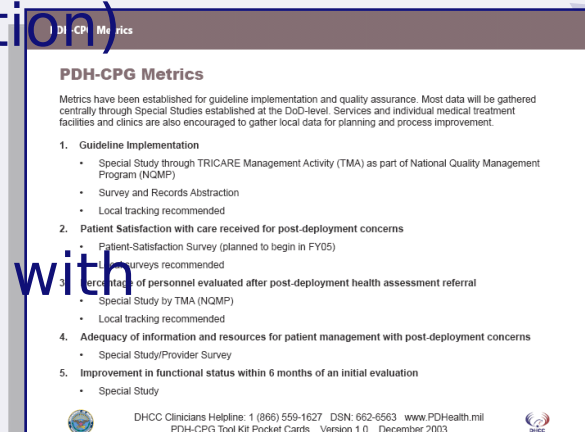
♠ Chart Audit

- Documentation that beneficiary was asked if their visit was deployment-related
- If visit was deployment-related, was (Optional) DD Form 2844 used?
- If visit was deployment-related, was a specialty referral made? (Provider's discretion)

♠ Electronic Records Review

- Ambulatory encounters for post-deployment concern were coded with ICD-9 code (V70.5_6) in ADM

♠ Provider Survey



Military Health System - Clinical Quality Management (MHS-CQM)



♠ Changed from National Quality Management Program (NQMP) on 28 Jan 07

♠ Clinical quality assurance and improvement program for the Military Health System (MHS)

♠ Under TRICARE Management Activity (TMA)

♠ Performs External Review of Care

- Web site includes free CME/CEU presentations on results of Special Studies

MHS - CQM
Military Health System Clinical Quality Management

NQMP has a new name. Welcome to MHS-CQM!

Healthcare professionals can obtain free CME, CNE, and general continuing education credits. Our comprehensive education program provides timely and relevant MHS-specific data from CQM and research efforts to help MHS professionals transfer knowledge into practice.

Clinical Quality Measures

MHS-CQM helps MTFs meet the DoD's performance measures and accreditation requirements through the collection, verification, management, and reporting of JCAHO ORYX and MHS Balanced Scorecard data. Lists and charts used to support these efforts are available to users with secure access.

Free Consultative Site Visits are available to military inpatient facilities. These consultations provide an opportunity for professionals use the data they report for performance improvement at their facility.

Research

MHS-CQM performs focused external clinical studies approved by the Panel and the TMA Chief Medical Officer. Databases are available to users with secure access.

Free CEU/CME

MHS-CQM offers free CME, CNE, and General continuing education credits to healthcare professionals. The MHS-CQM Education team translates research findings and recommendations into Education Online activities that highlight the best clinical practices in the MHS. All continuing education credits are offered through the Uniformed Services University of Health Sciences.

Post-Deployment Health Care Screening and Evaluation
in the Direct Care System

"Although only 53 percent of active-duty beneficiaries were screened for deployment-related concerns compared to 66 percent of non-active-duty, deployment-related concerns were detected in 2.8 percent of active-duty and only 0.2 percent of non-active-duty."

Why study postdeployment screening and evaluation?

In February 2002, the Clinical Practice Guideline for Post-Deployment Health Evaluation and Management (PDH-C) was implemented in the Military Health System (MHS). The PDH-C was developed by experts in the Department of Defense (DoD) MHS and the Veterans Health Administration (VHA) upon recommendations from the Institute of Medicine (IOM) to change service delivery for deployment-related health concerns from a programmatic approach to an integrated primary care approach. The IOM emphasized the need to focus evaluation and care of deployed forces at the primary care level, both to improve the continuity of care and to enhance therapeutic relationships (IOM, 2001). The FY 2004 National Quality Management Program study, Post-Deployment Health Care Screening and Evaluation in the Direct Care System, examined evidence of screening, detection and management of deployment-related concerns for which the PDH-C was specifically developed. FY 2004 also saw large numbers of active-duty members return from deployments in Iraq and Afghanistan. The purpose of the FY 2004 study was to:

1. Measure deployment-related concern screening in the Direct Care System (DCS).
2. Measure deployment-related concern detection in the DCS.
3. Describe the process of care for beneficiaries with a deployment-related concern.

What was the methodology?

The study used a multistage cluster sampling design. The sampling began with all adult Medical Treatment Facility (MTF) Prime enrollees, as of 1 January 2004, with an MTF primary care visit during 2003. Adults included all beneficiaries who were active-duty (AD) or 18 years old on 1 January 2003. A random sample of the enrollment size for adult TRICARE Prime MTF enrollees was selected, stratified by duty status. The sample contained 75 Non-Active Duty (NAD) sites and 66 AD sites. Then, a random sample of enrollees was selected from each site. The sampling method created a study limitation by not including unenrolled beneficiaries in the study, including a large number of AD beneficiaries. The Outpatient Medical Records of the sample were reviewed for documentation of screening, detection, and management of deployment-related concerns as described in the CDC between June 2004 and August 2004. Screening measured whether the screening question recommended by the PDH-C was asked. Detection measured those who answered having a deployment-related health concern. Management measured the proportion of beneficiaries with a concern who received care recommended by the PDH-C. The study examined care provided in calendar year 2003.

What were the results?

Screening: The study sample included 13,762 beneficiaries. In the sample, 61 percent (n=8,331)

NQMP | **UNIFORMED SERVICES UNIVERSITY OF HEALTH SCIENCES**

FY 2004 NQMP Study of PDH-CPG Implementation



- ♠ National Quality Management Program (NQMP) Study
- ♠ Methodology - Random sample of MTFs resulted in 66 Active Duty and 75 Non-active Duty sites; review of medical records of random sample of enrollees
- ♠ Results
 - 53% AD and 66% NAD screened for deployment-related concern
 - 74% Army, 63% Air Force, 36% Navy MTFs screened their enrollees
 - Deployment-related concerns detected in 2.8% AD and 0.2% NAD (54% in Army MTFs)
 - Among the 100 beneficiaries with a deployment-related concern, 40% had no documentation of evaluation or management of the concern

Original 2002 PDH-CPG Tool Kit



♠ Large, heavy 23" x 12" x 11" canvas satchel containing:

- 2.5" Three-ring binder
 - Narrative CPG with questionnaires
 - Sample/description of each tool and support strategy
- 8.5" x 11" Provider Reference Cards
- Documentation form (DD 2844)
- Clinic stamps
- Reference book(s)
- List of related web sites
- Patient informational brochures
- Patient marketing tools



Contents available on www.PDHealth.mil
Order some parts on www.qmo.amedd.army.mil

♠ Distributed 1 per 50 providers to every military medical treatment facility in January 2002

Redesign of Tool Kit to Toolbox



- ♠ Small portable tools – Toolbox sized to fit on desktop
- ♠ Pocket-sized, laminated Reference Cards 5" x 7"
- ♠ Ease-of-access
 - Color-coding
 - Index readily available – in Toolbox lid
- ♠ Tools not intended as textbooks, but as reminders
 - Concise information
 - Targeted to role of Primary Care Provider
 - Consultation and referral

PDH-CPG Desk Reference Toolbox



- ♠ Desktop-Sized Laminated Box
 - Desk Reference Cards
 - Compact Discs
 - Interactive PDH-CPG
 - MEDCOM CD of Other CPGs
 - 2 PDH-CPG Training CDs
- Sample Clinician and Patient Brochure
- Various materials from the Center's Information



Contents on www.PDHealth.mil

- ♠ Distributed 1 per primary care provider in every military medical treatment facility starting July 2004

Toolbox Table of Contents



- ♠ **Contact Information and Resources:** Quick and easy access to phone and electronic information sources
- ♠ **PDH Guideline Elements:** PDH-CPG algorithms and clinic visit guidance
- ♠ **Specific Medical Conditions and Concerns:** Summary information on managing a variety of deployment-related health concerns e.g., Depleted Uranium
- ♠ **Risk Communication:** Methods to integrate health risk communication into a deployment-related healthcare encounter
- ♠ **Screening and Outcome Measures:** Primers for forms used during deployment-related healthcare visits e.g., DD Form 2796
- ♠ **Training:** A brief summary of currently available PDH-CPG education and training materials
- ♠ **Process Improvement and Metrics:** A summary of metrics used in deployment-related healthcare

Worldwide Web Support for Post-Deployment Health Care **www.PDHealth.mil**



- ♠ Information on deployments
- ♠ PDH-CPG
 - MDD-CPG
 - MUS-CPG
 - PTSD-CPG
- ♠ Specific diseases and emerging health concerns
- ♠ Online clinical tools
- ♠ Provider and patient education materials
- ♠ News and information library

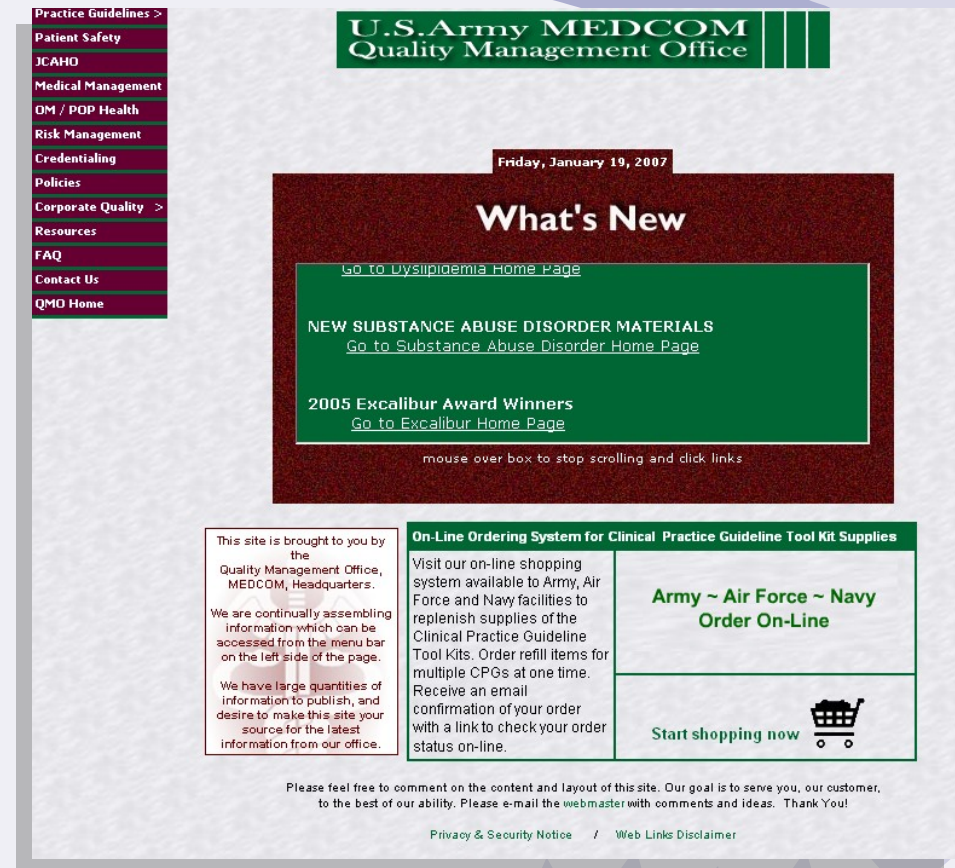


US Army MEDCOM Quality Management Office (QMO) Web Site



- ♠ Links to all VA/DoD CPGs
- ♠ Provider material
- ♠ Patient information
- ♠ Implementation documents
- ♠ Metrics
- ♠ Helpful links
- ♠ On-line ordering system for CPG Tool Kit supplies

Army serves as DoD lead for CPG initiatives



www.qmo.amedd.army.mil

PDH-CPG Web-Based Tools

www.PDHealth.mil



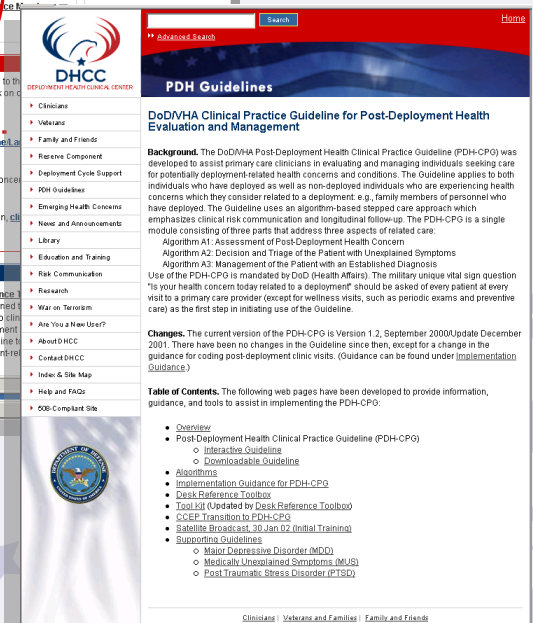
♠ PDH Guidelines

- Overview
- Guideline
- Algorithms
- Implementation
- Desk Reference Toolbox
- Tool Kit (Updated by Toolbo
- CCEP Transition
- Broadcast, 30 Jan 2002
- Supporting Guidelines
 - Major Depressive Disorder
 - Medically Unexplained Symptoms
 - Post Traumatic Stress Disorder

Home Page



PDH Guidelines



Emerging Health Concerns (EHC) Resources on **www.PDHealth.mil**



♠ Reference sources

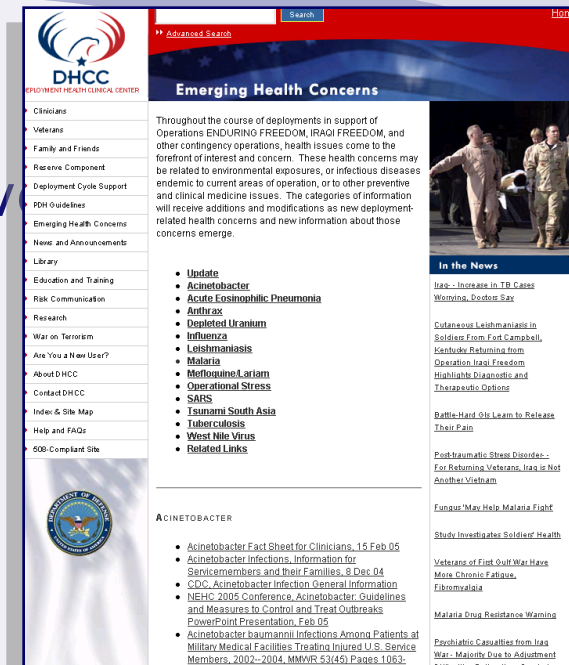
- Tri-Service policies and directives
- Related internet links

♠ Provider information

- Clinical guidance
- Fact sheets
- Forms and measures
- Educational material
- Research information

♠ Patient information

- Fact sheets
- Educational material



Leishmaniasis
Depleted Uranium
Mefloquine/Lariam®
Malaria
Acute Eosinophilic
Pneumonia
Tuberculosis

Anthrax
Operational
Stress
West Nile Virus
Influenza
Acinetobacter
SARS

Deployment Health News



- ♠ Email newsletter each business day
- ♠ Deployment-related news articles
- ♠ To subscribe, sign up at:
www.pdhealth.mil/nl_signup.asp

Deployment Health News
DHCC's Daily Online Newsletter

August 30, 2006

ARCHIVE

8/20/2006
8/23/2006
8/28/2006
8/25/2006
8/24/2006

More Information

For more deployment health information visit DHCC Web site www.pdhealth.mil

To contact Deployment Health Clinical Center, call 800.796.9699 or [click here](#).

To subscribe to Deployment Health Daily News, [click here](#).

To discontinue Deployment Health Daily News, [click here](#).

DEPARTMENT OF DEFENSE
UNITED STATES OF AMERICA

Iraqi hospitals are war's new 'killing fields'
Medical sites targeted by Shiite militiamen
In Baghdad these days, not even the hospitals are safe. In growing numbers, sick and wounded Sunnis have been abducted from public hospitals operated by Iraq's Shiite-run Health Ministry and later killed, according to patients, families of victims, doctors and government officials. As a result, more and more Iraqis are avoiding hospitals, making it even harder to preserve life in a city where death is seemingly everywhere.
Source : MSNBC ★

Spouses say community helping Baumholder cope
War and separations have strained 1st AD families
Most people soldier on. But three years of war, long separations from family and fallen friends are starting to take a toll on the home front. Add a lack of information and communication, fears of an extension, base budget cuts and ongoing transformation, you'd think you'd have a perfect storm of angst at this Army base. Yet, even the most dissatisfied say a sense of community — often missing other places — seems to hold this 1st Armored Division post together.
Source : Stars and Stripes ★

Guard families cope in two dimensions
'Flat Daddy' cutouts ease longing
Maine National Guard members in Iraq and Afghanistan are never far from the thoughts of their loved ones. But now, thanks to a popular family-support program, they're even closer. Welcome to the "Flat Daddy" and "Flat Mommy" phenomenon, in which life-size cutouts of deployed service members are given by the Maine National Guard to spouses, children, and relatives back home. The Flat Daddies ride in cars, sit at the dinner table, visit the dentist, and even are brought to confession, according to their significant others on the home front.
Source : Boston Globe ★

Program Helps Wounded Vets Find New Jobs
Severely injured servicemembers and their spouses are seeing doors open to meaningful civilian careers, thanks to a partnership between the Defense Department and the private sector.
Source : Blackanthem.com ★

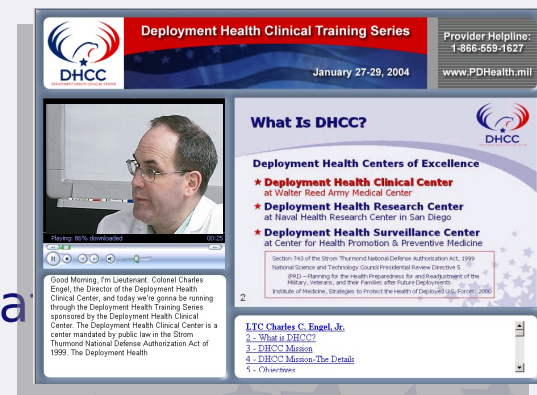
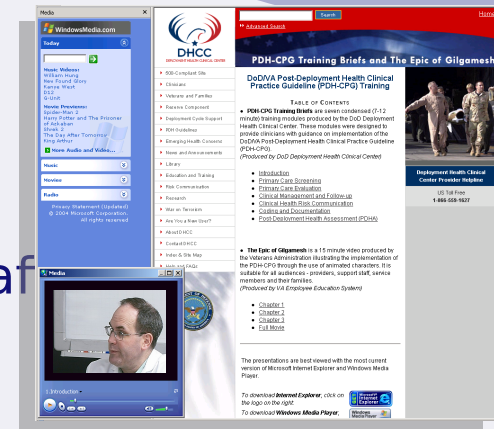
Study: Storm survivors find will to live
In a testament to the resilience of the human spirit, a new survey reveals that the traumatized survivors of Hurricane Katrina forged a surprisingly powerful inner strength that steered them against suicidal despair. The study is the most elaborate post-storm survey yet. It shows that while the survivors suffered twice as much mental illness as the pre-storm population, they contemplated suicide far less often than mentally ill people surveyed before Katrina.
Source : USA Today ★

Japanese med students shadow doctors at Misawa
Program exposes students to different attitude toward care
In just less than two weeks, fifth-year medical student Chihiro Nakazawa has shadowed specialists in orthopedics, general surgery and anesthesia, and she's even observed her first baby delivery during a summer internship at the Misawa base hospital.
Source : Stars and Stripes ★

PDH-CPG Training Multi-Media

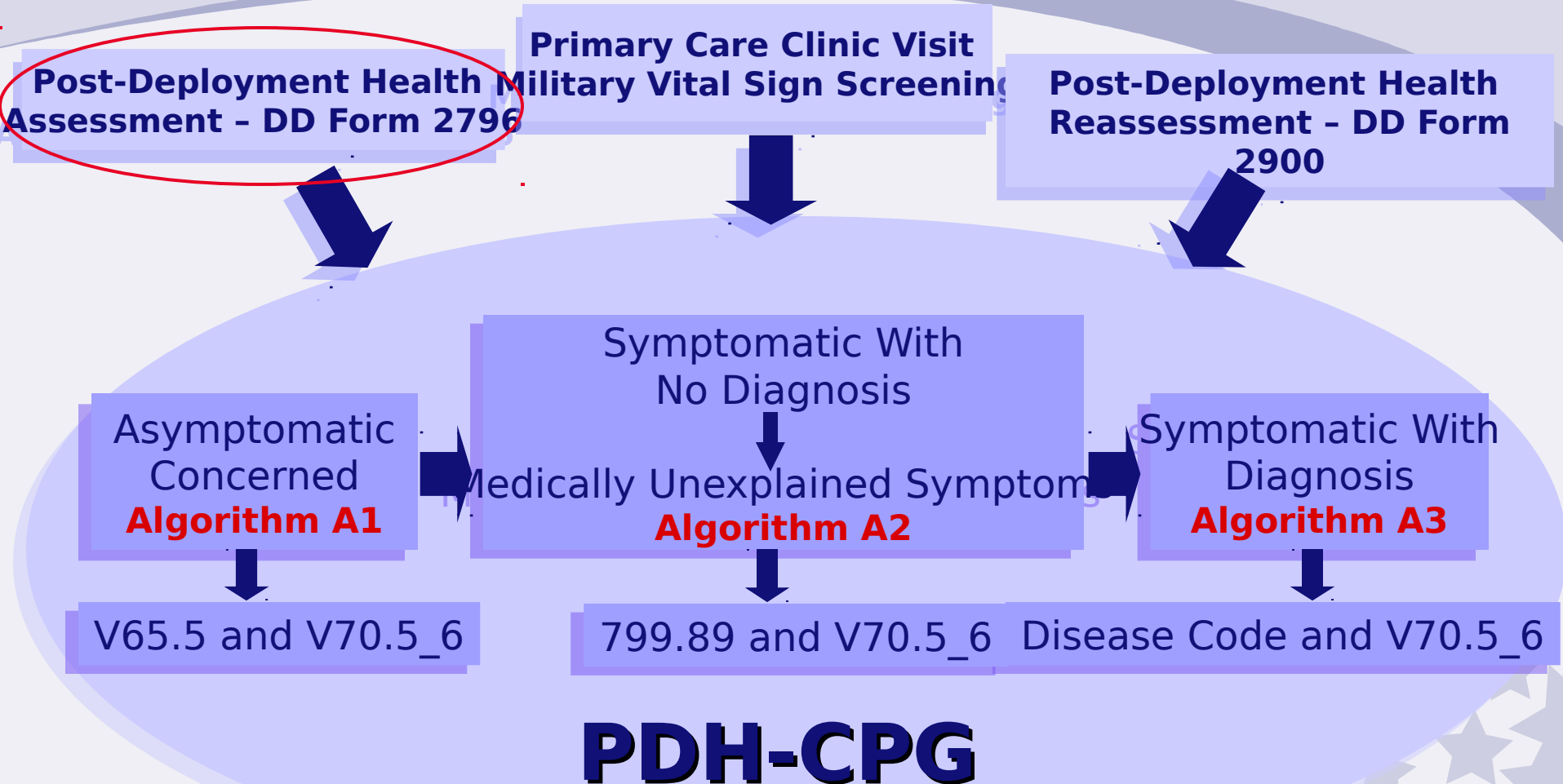


- ♠ PDH-CPG Training Briefs
 - 7 video modules from 7-12 minutes on PDH-CPG and DD Forms 2795-2796
 - Developed for providers and support staff
- ♠ Deployment Health Clinical Training Series
 - 11 modules from 17-47 minutes on
 - PDH-CPG
 - Emerging Health Concerns
 - DD Forms 2795-2796
 - Developed for providers and support staff



Located on CD in Toolbox and on www.PDHealth.mil

Pathways to PDH-CPG



Post-Deployment Health Assessment (PDHA)

Background and Purpose



- ♠ Enhanced PDHA process
 - Developed in response to Operation Iraqi Freedom
 - Purpose – Enhanced post-deployment health screening for all returning service members
- ♠ Part of Redeployment Process, elements include
 - DD Form 2796 and follow-up referral
 - Blood sample for DoD Serum Repository
 - Tuberculin skin testing at redeployment and at 3-6 months based on risk assessment
 - Medical threat and benefits briefings with handouts
 - Malaria post-exposure chemoprophylaxis as appropriate

DD
Form
2796

Enhanced PDHA Process Resources



- ♠ Guidance for Completing DD Form 2796
- ♠ PDHA Policies & Directives
- ♠ Deployment Exposures Information
- ♠ Redeployment Briefing
- ♠ PDHA Training Videos

The screenshot displays the DHCC website with a navigation menu on the left and several content sections on the right.

Navigation Menu:

- Clinicians
- Veterans
- Family and Friends
- Reserve Component
- Deployment Cycle Support
- PDH Guidelines
- Emerging Health Concerns
- News and Announcements
- Library
- Education and Training
- Risk Communication
- Research
- War on Terrorism
- Are You a New User?
- About DHCC
- Contact DHCC
- Index & Site Map
- Help and FAQs
- 508-Compliant Site

Enhanced Post-Deployment Health Assessment (PDHA) (DD Form 2796)

DD Form 2796 - In accordance with regulation and policy, a deployment will complete a Health Assessment, an assessment by a trained physician assistant, nurse corpsman/medical technician to review each service member's health or psychosocial concerns, special deployment, possible occupational/environmental deployment-related health issues, and require use of supplemental referrals for medical concerns and referral to help resolve any post-deployment issues. An individual's permanent electronic record will be sent to the AMSA.

Serum Sample - In addition to the individual's permanent electronic record, a Serum Sample will be sent to the Serum Repository.

TB Screening - Personnel require TB screening in accordance with specific policies.

Malaria Chemoprophylaxis - Personnel taking malaria chemoprophylaxis will be evaluated for terminal malaria in accordance with specific policies.

Redeployment Briefing - Personnel will receive a briefing on significant health events and redeployment issues.

Deployment Cycle Support

Information on Deployment Exposures (DD Form 2796 Questions 14 & 18)

This page was created to provide information and assistance to health care providers and service members regarding the potential deployment-related exposures listed on DD Form 2796, Post-Deployment Health Assessment (Apr 03). It contains links to fact sheets, articles, web pages and training materials. The topics are listed in the order that they appear on the DD Form 2796.

- DEET Insect Repellent
- Pesticide-treated Uniforms
- Environmental Pesticides
- Flea or Tick Collars
- Pesticide Strips
- Smoke from Oil Fire
- Smoke from Burning Trash or Feces
- Vehicle or Truck Exhaust Fumes
- Tent Heater Smoke
- JP8 or Other Fuels
- Fog Oils
- Solvents
- Paints
- Ionizing Radiation
- Radar/Microwaves
- Lasers
- Loud Noises
- Excessive Vibration
- Industrial Pollution
- Sand/Dust
- Depleted Uranium
- Chemical Warfare Agents
- Biological Warfare Agents
- Radiological Warfare Agents
- Related Links

In the News

- Red Cross to Help Area Military Families
- Healing the Wounds of Afghan War
- Wounded Warriors
- VA Provides Safety Net for Former Servicemen
- 'Purple Heart'
- Professor Helps Navy Recruits Deal with Chemical Testing

DD Form 2796 Primer: Post-Deployment Health Assessment (PDHA)

Each re-deploying service member must complete a Post-Deployment Health Assessment using the revised Post-Deployment Health Assessment Form (DD 2796). Completion of the DD 2796 is a key component of the PDHA and must also include a face-to-face interview with a trained health care provider. Directed at the individual's health status and concerns at re-deployment, the screening is also used to document health events and enhance future force health.

- DD 2796 is mandatory for re-deploying military personnel from every Service, including Reserve Component personnel.
- A credentialed health care provider must help with and discuss the form during the face-to-face post-deployment health assessment interview. These providers include:
 - Physicians
 - Physician Assistants
 - Nurse Practitioners
 - Independent duty corpsmen/technicians
- DD 2796 is to be completed within 5 days before or after re-deployment.
- If it is not possible, the member's commander should ensure that it is completed, processed, and filed in the permanent medical record within 30 days of the member's return.

Form Completion Roles and Responsibilities

- Military Member completes the Demographics and Health Assessment sections on Pages 1-3 with assistance from the medical screener, if needed.
- Demographics includes identification information, branch of service, pay grade, and deployment location and dates.
- Health Assessment Administrator fills out Administrator Use Only section on Page 1 and answers the questions. The administrator can be a medical technician, medic, or corpsman. Positive responses to questions 2-4, 7-8 must be referred to a credentialed provider.

DEPLOYMENT EXPOSURES

DEET INSECT REPELLENT

DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil
PDH-CPG Tool Kit Pocket Cards Version 1.0 December 2003

Available on
www.PDHealth.mil

Toolbox DD2796

Deployment Health Clinical Training Series

January 27-29, 2004

Provider Helpline: 1-866-559-1627
www.PDHealth.mil

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

Pre- and Post-Deployment Health Assessment Process

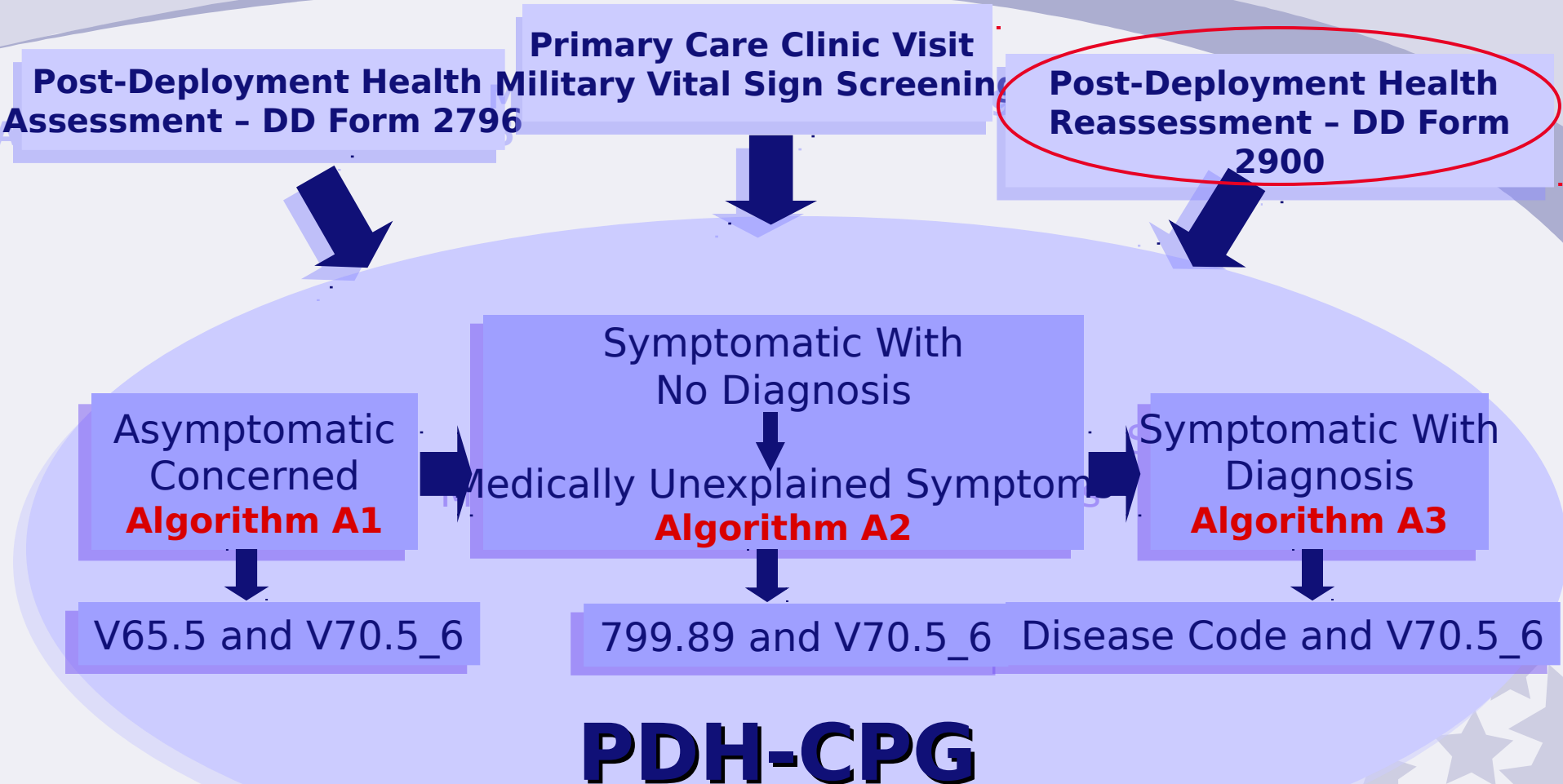
COL Paula K. Underwood, MD, MPH
Preventive Medicine Staff Officer
Office of the Army Surgeon General

COL Paula K. Underwood

1. Clinicians
2. Deployment Health Assessment Purpose
3. Deployment Health Assessment Process
4. Deployment Health Assessment Process
5. Reserve Component Release
6. Reserve Component Release
7. Reserve Component Release
8. Reserve Component Release
9. Reserve Component Release
10. Reserve Component Release

The purpose of this training module is to learn about the pre and post-deployment health assessment process in order to identify: (1) The role of the Post-Deployment Health Assessment within the deployment readiness process. (2) The role of the Post-Deployment Health Assessment within the redeployment process. (3) The specific requirements of Reserve Component Release from Active Duty and (4) The relationship between the Post-Deployment Health Assessment and the redeployment process.

Pathways to PDH-CPG



Post-Deployment Health Reassessment Policy (PDHRA)



♠ Health Affairs PDHRA Policy Memo, 10 Mar 05

♠ Policy Guidance

- Purpose: Identify and address health concerns that emerge over time following deployments
- Conducted 90 to 180 days after return to home station
- Automated DD Form 2900 with questions on general health and specific emphasis on mental health
- Reviewed and scored by trained healthcare provider (physician, PA, NP, IDC, IDMT)
- Appropriate referrals, treatment and follow-up

The image shows a sample of the DD Form 2900, titled "POST-DEPLOYMENT HEALTH REASSESSMENT (PDHRA)". The form is a structured questionnaire with various sections for data entry. It includes fields for personal information (Name, SSN, MOS, etc.), deployment details (Location, Dates, etc.), and health assessment questions. The form is designed to be filled out by a healthcare provider. At the bottom, it is identified as "DD FORM 2900, JUN 2005".

★ DD Form 2900

PDHRA Process Resources



DEPLOYMENT HEALTH CLINICAL CENTER

- ♠ Clinical Guidance
- ♠ PDHRA Policies & Directives
- ♠ Information for Concerns Related to
 - Deployment Exposures
 - Medical
 - Behavioral Health
- ♠ Healthcare Resources
- ♠ PDHRA Training Material

The screenshot shows the DHCC website with a navigation menu on the left and a main content area. The navigation menu includes links for Clinicians, Veterans, Family and Friends, Reserve Component, Deployment Cycle Support, PDH Guidelines, Emerging Health Concerns, News and Announcements, Library, Education and Training, Risk Communication, Research, War on Terrorism, Are You a New User?, About DHCC, Contact DHCC, Index & Site Map, Help and FAQs, and 508-Compliant Site. The main content area is titled 'Deployment Cycle Support' and features a section for 'Post-Deployment Health Reassessment (PDHRA) Program (DD Form 2900)'. The text describes the PDHRA Program, its purpose, and the timeline for completion. A 'Table of Contents' section is also visible, listing various resources and links.

The screenshot shows the DD Form 2900 Primer document, which is a guide for the Post-Deployment Health Reassessment (PDHRA) program. It includes sections for 'DD Form 2900 Primer: Post-Deployment Health Reassessment (PDHRA)' and 'DD Form 2900 Primer (Side Two)'. The document provides detailed information about the program, including its purpose, eligibility, and the roles and responsibilities of various stakeholders. It also includes a 'Table of Contents' and a 'Glossary'.



Available on
www.PDHealth.mil

The screenshot shows the 'Post-Deployment Health Reassessment (PDHRA) Clinical Training' module. It features a video player with a play button and a progress bar. The video is titled 'Post-Deployment Health Reassessment (PDHRA)' and is dated June 2005. The video content includes a discussion about the importance of the PDHRA program and the roles of various stakeholders. The video is presented in a professional, informative style with a blue and white color scheme.

Toolbox DD2900 Primer

Presentation Objectives



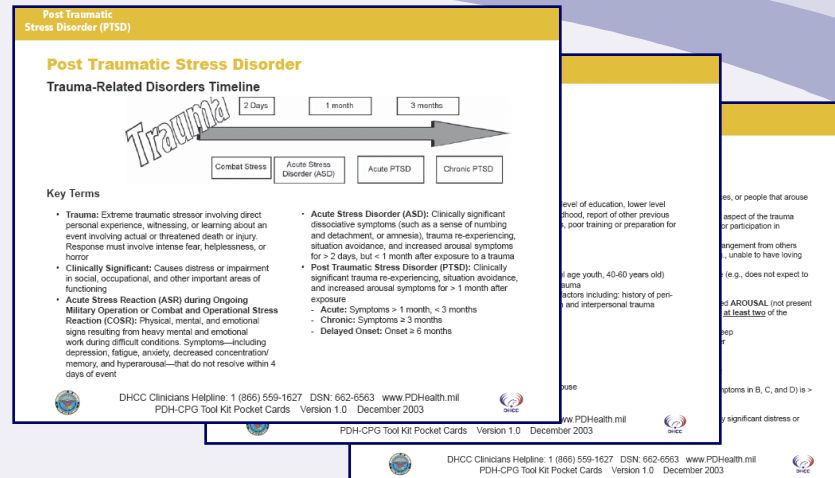
- ♠ Describe the PDH-CPG and accompanying tools
- ♠ Identify changes and new developments to the PDH-CPG and its tools
- ♠ Describe the role of the DoD Deployment Health Clinical Center in PDH-CPG implementation

New Desk Reference Cards



♠ PTSD Card

- Six-sided card on Post Traumatic Stress Disorder
- Included in Toolboxes distributed since Jan 05



♠ PDHRA Card

- Two-sided card on DD Form 2900, Post-Deployment Health Reassessment

DD Form 2900 Primer

DD Form 2900 Primer: Post-Deployment Health Reassessment (PDHRA)

The *Post-Deployment Health Reassessment* using the Post-Deployment Health Reassessment Form (DD 2900) is designed for every service member who returns from an operational deployment that required the completion of a Post-Deployment Health Assessment, or PDHA, using the DD Form 2796. The purpose of the reassessment is to identify health concerns that have emerged over time following the most recent deployment and assist in more fully addressing the military member's health care needs and concerns. All health concerns identified on the DD 2900 must be reviewed and discussed with a credentialed health care provider.

- All re-deployed military personnel from every Service, including Reserve Component personnel, must be provided the opportunity to complete the PDHRA.
- Credentialed health care providers, who are responsible for reviewing and discussing health concerns with the military member, include:
 - Physicians
 - Nurse practitioners
 - Physician assistants
 - Independent duty corpsmen/technicians
- DD 2900 is to be completed using an electronic or Web-enabled form between 90 and 180 days (preferably 120–150 days) after return to home station from a deployment.
- For injured individuals who required hospitalization or extended treatment in a military medical treatment facility before return to home station, the PDHRA is conducted 90 to 180 days after their return home.

Military Member Roles and Responsibilities

- Military Member** completes the Demographics and Health History sections
- Demographics:** Includes identification and contact information, service branch, pay grade, and deployment location
- Health History:** Comprises 16 screening and triage questions designed to identify health concerns and conditions that may have emerged following the most recent deployment as well as the types of information and assistance that the member would like to have.

DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil
PDH-CPG Tool Kit Pocket Cards Version 1.0 July 2005

Additional information on the PDHRA Program and the PDH-CPG are available on the DHCC Web site: www.PDHealth.mil or by contacting the DHCC Clinicians Helpline

DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil
PDH-CPG Tool Kit Pocket Cards Version 1.0 July 2005





Available on www.PDHealth.mil

Revised PDH Visit Coding Desk Reference Card



♠ Revised May 2005

♠ Being revised again based on new coding guidelines released February 2007

PDH Visit Coding			
PDH Visit Coding At All Deployment-Related Visits at least two ICD* codes must be assigned and documented by the provider. (For a description of deployment-related visits, see the PDH Clinic Visit Desk Reference Card.) In Primary Position: V70.5_6, Deployment-Related Visit and In Secondary Position: ICD Code(s) for Deployment-Related Presenting Problem(s): <ul style="list-style-type: none"> • Asymptomatic Concerned — V65.5 • Specific Diagnosis or Symptom(s) — Applicable ICD diagnosis-specific or symptom-specific code(s) • Medically Unexplained Symptoms (MUS) or Medically Unexplained Physical Symptoms (MUPS) — 799.89 (For a description of MUS/MUPS, consult the Medically Unexplained Symptoms Desk Reference Card) 			
<small>* ICD — International Classification of Diseases</small> <div>  DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil PDH-CPG Tool Kit Pocket Cards Version 1.0 May 2005 </div>		<div>  </div>	
Medically Unexplained Symptoms or Medically Unexplained Physical Symptoms, Deployment-Related	has progressed into a non-healing ulcer 49 y/o retired E-8 has been evaluated over 3 months (5 visits) for intermittent joint pain, intermittent vertigo and severe fatigue. Patient states belief he was exposed to something in Kuwait on mission two years ago. Work-up to date is complete, but negative.	V70.5_6	D Diagnosis Code Definition 5.5 person with feared complaint in whom no diagnosis was made) 3.21 abnormal weight loss) 5.2 shmaniasis, cutaneous, Asian desert) 799.89 (other ill-defined conditions and unknown causes of morbidity)
<div>  DHCC Clinicians Helpline: 1 (866) 559-1627 DSN: 662-6563 www.PDHealth.mil PDH-CPG Tool Kit Pocket Cards Version 1.0 May 2005 </div>			

Revisions in Coding Since PDH-CPG Initiated



- ♠ Post-Deployment Code V70.5_6
 - Changed from V70.5__6 to V70.5_6 in 2003
 - Changed from secondary to primary position in 2003
 - Changed from primary to 2nd, 3rd, or 4th position for post-deployment health clinic visits in 2006
- ♠ New extender codes for Pre-Deployment and Post-Deployment Health Assessments and Reassessment added in 2006
- ♠ Medically Unexplained Symptoms Code
 - Added fifth digit in 2005 = 799.89 (Ill-defined conditions)

New Deployment Health Clinical Series Presentations



♠ Medically Unexplained Symptoms (MUS) Clinical Practice Guideline, Jan 06

♠ Major Depressive Disorder (MDD) Clinical Practice Guideline, May 07

♠ Video, script, slides

♠ Developed for medical providers

♠ Available on

Deployment Health Clinical Center
Medically Unexplained Symptoms

Provider Helpline:
1-866-559-1627
www.PDHealth.mil

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

Improvement in Care for Patients with Medically Unexplained Symptoms (MUS)

COL Charles C. Engel, MD, MPH
Director, Deployment Health Clinical Center

Deployment Health Clinical Training Series
May 7, 2007

Provider Helpline:
1-866-559-1627
www.PDHealth.mil

DHCC
DEPLOYMENT HEALTH CLINICAL CENTER

Managing Depression in Primary Care Using the VA/DoD Major Depressive Disorder Clinical Practice Guideline

COL Charles C. Engel, Jr., MD, MPH
Director, Deployment Health Clinical Center

Presentation Menu
00:00:07 / 00:35:59

Slide Controls

[00:00:01] 1 - Managing Depression in Primary Care
[00:00:24] 2 - Presentation Objectives
[00:00:44] 3 - Major Depressive Disorder
[00:02:41] 4 - Diagnostic Criteria for MDD
[00:03:28] 5 - Co-Occurring Disorders

Deployment Health Clinical Center

A DoD Center of Excellence



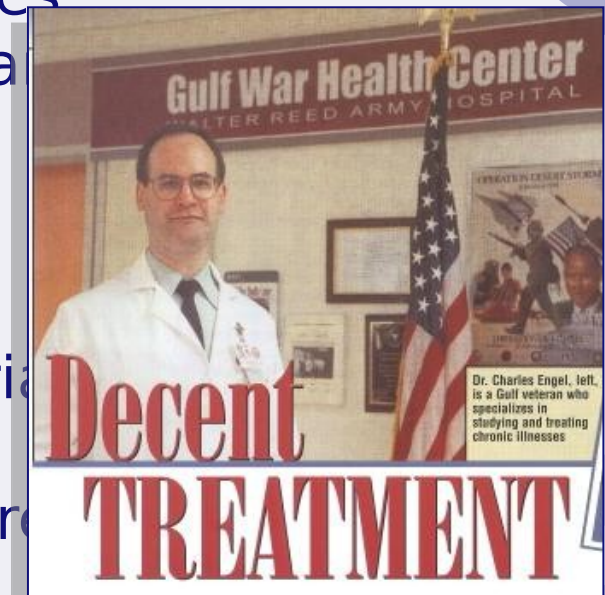
♠ Clinical Services

- Specialized Care Programs
- Clinician and Service Member Helplines
- Worldwide Ambulatory Referral Program

DHCC Experience

♠ Outreach and Education

- www.PDHealth.mil
- Email Newsletter
- Deployment-Related Education Materials
- Staff Training and Assistance Team
- Annual Force Health Protection Conference



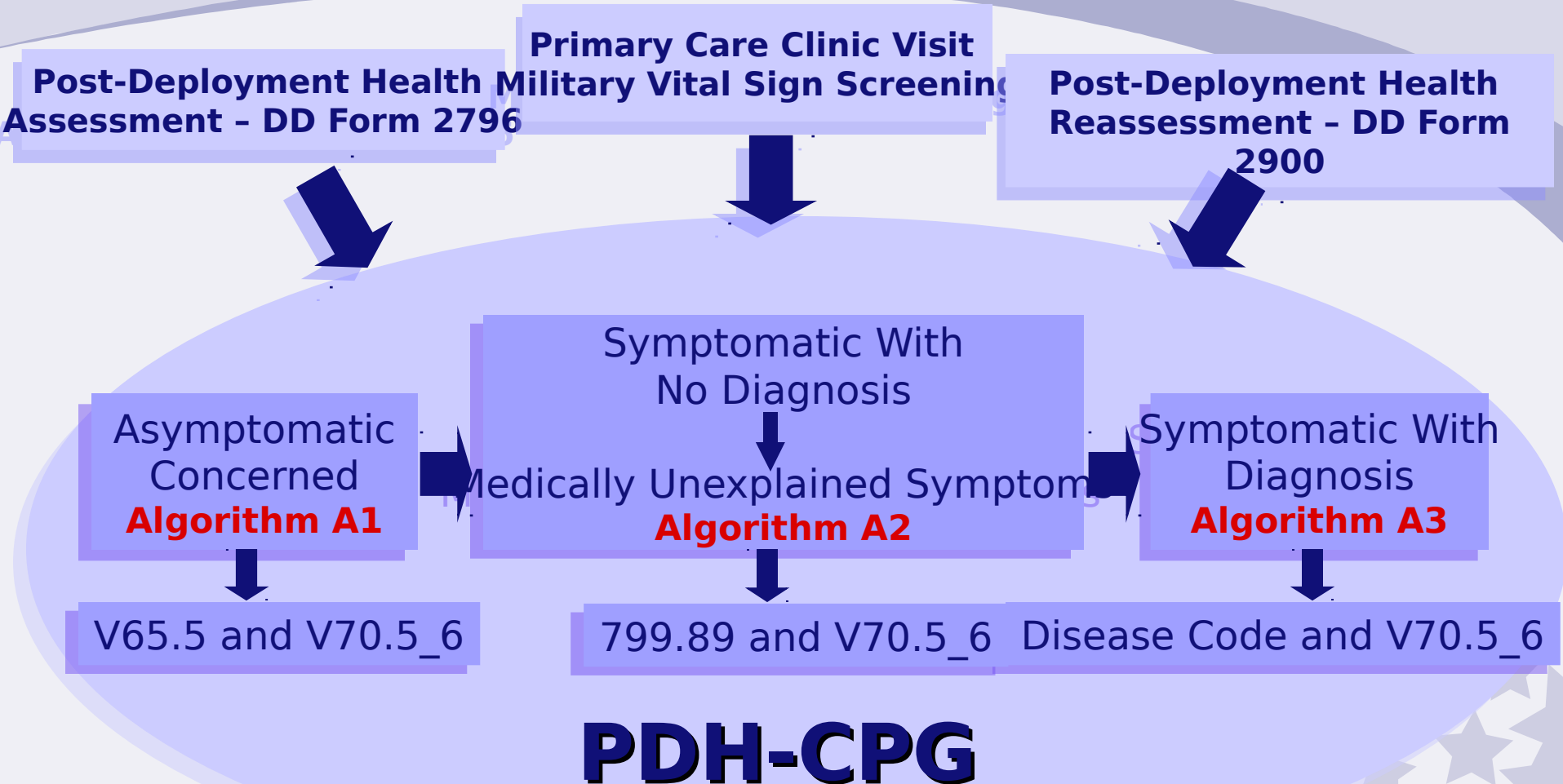
♠ Health Services Research

- Clinical Trials
- Web-Based Treatment
- Web-Based Training

- ♠ Proponent for VA/DoD Post-Deployment Health Clinical Practice Guideline

Summary

Key Elements of PDH-CPG



Review of Learning Objectives



- ♠ Understand the pathways for identifying patients with deployment-related health concerns/conditions
- ♠ Know the importance of and be able to:
 - Administer the deployment-related screening question at all primary care visits
 - Ensure appropriate evaluation and follow-up of all patients with deployment-related health concerns
 - Properly code all deployment-related visits
- ♠ Be familiar with the resources available to assist in implementing the PDH-CPG

Questions, Information, Assistance



DoD Deployment Health Clinical Center

Walter Reed Army Medical Center

Building 2, Room 3G04

6900 Georgia Ave, NW

Washington, DC 20307-5001

202-782-6563

DSN:662

Provider Helpline

1-866-559-1627

E-mail: pdhealth@na.amedd.army.mil

Website: www.PDHealth.mil

Patient Helpline

1-800-796-9699